

<b>Case Number:</b>	CM15-0034850		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 52 year old male injured worker suffered an industrial injury on 7/19/2012. The diagnoses were hyperextension injury of the left knee, morbid obesity, sleep disturbance, low back strain with radiculopathy and lower extremity polyneuropathy. The diagnostic studies were electromyography, x-rays and lumbar magnetic resonance imaging. The treatments were left knee arthroscopy, physical therapy, and aquatic therapy. The treating provider reported residual pain and locking of the left knee pain 9/10, low back pain with radiation to the left lower extremity, sleep disturbances. The Utilization Review Determination on 1/20/2015 non-certified [REDACTED] weight loss program, MTUS, ACOEM, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

[REDACTED] **weight loss program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation USPSTF Screening for and management of obesity in adults, Annals of Internal Medicine.

**Decision rationale:** The request for the [REDACTED] weight loss program is not medically necessary. The patient is morbidly obese. Weight loss will be essential to his recovery as increased weight will put unnecessary strain on his knees and back. However, the use of a weight loss program is not addressed in any guidelines found in MTUS or ODG. According to USPSTF, a weight loss program would aid the patient however, one program has not been shown to be more effective than others. The patient can also receive care through his primary care physician, dietician, and changing his diet and lifestyle. Therefore, the request is considered not medically necessary.