

<b>Case Number:</b>	CM15-0035107		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/29/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for knee pain reportedly associated with an industrial injury of June 29, 2014. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for a weight loss program. Non-MTUS Medicare Guidelines were invoked, along with progress notes of December 11, 2014 and December 29, 2014. The applicant's attorney subsequently appealed. On December 11, 2014, the applicant was placed off of work, on total temporary disability. A knee sleeve and viscosupplementation injection therapy were proposed. The applicant stood 5 feet 10 inches tall and weighing 215 pounds. The applicant was not working, the treating provider acknowledged. On January 6, 2014, the applicant was again placed off of work, on total temporary disability. A weight loss program was proposed. The applicant was again described as standing 5 feet 10 inches tall and weighing 215 pounds. The applicant was asked to continue various topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5- Treatment of Obesity.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

**Decision rationale:** No, the proposed weight loss program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as the weight loss program at issue may be more difficult, less certain, and possibly less cost effective. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.