

<b>Case Number:</b>	CM15-0048616		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 49 year old male, who sustained an industrial injury on July 22, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as having impingement syndrome, bilateral elbow tendinitis, bilateral carpal tunnel syndrome and post op left elbow 2012. Treatment to date has included diagnostic studies, surgery, acupuncture and medications. On February 13, 2015, the injured worker complained of continued pain in both shoulders. The left shoulder pain had increased. He continues to have pain in the bilateral elbows radiating down to his forearms, right worse than left. There is increased pain and stiffness, which is constant in both wrists and hands associated with numbness. The treatment plan included an MR arthrogram, weight reduction plan, medications and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight reduction plan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nutrition Concepts by Franz Inc.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

**Decision rationale:** Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested weight loss program is not medically necessary.