

<b>Case Number:</b>	CM15-0055762		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/12/2000
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal 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 injured worker is a 69 year old male, who sustained an industrial injury on 01/12/2000 he reported right shoulder and arm after a fall, and was diagnosed as having a right shoulder fracture. On provider visit dated 02/04/2015 the injured worker has reported shortness of breath and chronic cough, and chronic pain due to venous insufficiency. He was noted to have a BMI of 44. The injured worker was noted to be on an antibiotic for bronchitis. The diagnoses have included chronic obstructive pulmonary disease and severe obesity. Treatment to date has included medication, cane, chest x-ray and physical therapy. The provider requested a weight loss program for one year to reduce cardiovascular risk factors and a pulmonary referral to treated chronic obstructive pulmonary disease contribution to shortness of breath.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program, 1 year:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11,14.

**Decision rationale:** This patient was overweight and had multiple medical co-morbidities. Per guidelines below, weight loss programs are not found to be cost effective; however, they do not state that they are not recommended. From the medical review of documentation provided, the patient would likely benefit from this program and it would be medically indicated for this patient. Strategies based on modification of individual risk factors (e.g., improving worker fitness, smoking cessation, weight loss) may be less certain, more difficult, and possibly less cost-effective. In particular, abdominal muscular strengthening to prevent low back pain is not supported by the existing evidence, whereas good aerobic condition is associated with a lower injury rate. Improving flexibility and strengthening of specific areas, such as the shoulder girdle, are recommended elsewhere (see Chapter 9, for example). An emphasis on aerobic conditioning may be appropriate to prevent musculoskeletal disorders. Aerobic fitness has other benefits as well, including improved productivity and job satisfaction. Therefore, this request is medically necessary.