

<b>Case Number:</b>	CM15-0057982		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	02/20/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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

### 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 51-year-old, male who sustained a work related injury on 2/20/09. The diagnoses have included lumbar sprain/strain, status post right knee surgery and weight gain due to inactivity caused by industrial injuries. Treatments have included right knee surgery and medications. In the PR-2 dated 2/12/15, the injured worker complains of low back pain. He has tenderness to palpation of lumbar spine and right knee. The injured worker weighs 238 pounds and is 5 feet, 5 inches. He has a BMI (body mass index) of 40. The treatment plan is a request for authorization for a [REDACTED] weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and Surgical Management of Obesity in Primary Care: A Clinical Practice Guideline from The American College of Physicians. Ann Intern Med 2005 Apr 5; 142(7): 525-31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47. Decision based on Non-MTUS Citation  
Website [www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html) [www.██████████.com/lhc-riteaid.aspx](http://www.██████████.com/lhc-riteaid.aspx).

**Decision rationale:** The 52-year-old patient complains of pain in neck, lower back, right shoulder, left elbow, and bilateral wrists, as per progress report dated 02/12/15. The request is for 1 ██████████ Weight Loss Program. The RFA for this case is dated 02/23/15, and the patient's date of injury is 02/20/09. Diagnoses, as per progress report dated 02/12/15, included cervical spine strain, lumbar spine strain, bilateral carpal tunnel syndrome, post-traumatic headaches, obstructive sleep apnea, right shoulder rotator cuff repair, and weight gain secondary to inactivity. The patient is status post arthroscopic partial medial meniscectomy, chondroplasty, and synovectomy, and status post ulnar nerve decompression. The patient is permanently disabled, as per the same progress report. The MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the AETNA website was referred to [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html). AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The ██████████ a weight program is a medically supervised program <http://www.██████████.com/lhc-riteaid.aspx>. In this case, the treating physician states that the patient has gained weight due to inactivity and is currently weighing 238 lbs and is 5 feet and 5 inches tall, as per progress report dated 02/12/15. In the same report, the physician is requesting for ██████████ weight loss program as the "patient has tried in the past to lose weight on his own by home exercises and has had no success." The physician also states that weight loss will help him "decrease pain and weight off his knee and ankle." While the reports document obesity and failure of home exercise regimen, the treating physician does not provide an end-point to the request as the duration of the program is indeterminate. The request is not medically necessary.