

<b>Case Number:</b>	CM14-0125718		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This case involves a 61 year old patient who had a date of injury on 1/2/2003. The mechanism of injury was from a fall. In a progress noted dated 7/30/2014, subjective findings included total body pain, chronic fatigue, and problem sleeping. On a physical exam dated 7/8/2014, objective findings included abdominal tenderness. She is on Flexeril and getting Gabapentin and Meloxicam [REDACTED]. There is a normal neurological examination. The patient is 325 lbs. at 66 inches tall. The diagnostic impression shows myalgia and myositis, restless leg syndrome, and depression. Treatment to date includes medication therapy, behavioral modification, surgery status post arthroscopic right shoulder surgery, and bilateral carpal tunnel release. A UR decision dated 8/1/2014 denied the request for weight waters x 10 weeks, stating that the documentation does not indicate that the patient was unable to engage in physical activity and eat a diet low in calories and fat by adjusting her lifestyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

— [REDACTED] x 10 weeks: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Richette, Pascal, et al, "Benefits of massive weight loss on symptoms, systemic inflammation and cartilage turnover in obese patients with knee osteoarthritis." Annals of the rheumatic diseases 70.1(2011) : 139-144 Wing, Rena R &

Phelan, Suzanne, Long-term weight loss maintenance. AM J Clin Nutr 2005 82: 222S-225.<http://ajen.nutrition.org/content/82/1/222S.full>

**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: Aetna Clinical Policy Bulletin, National Heart, Lung, and Blood Institute

**Decision rationale:** MTUS and Official Disability Guidelines (ODG) do not address this issue. Aetna Clinical policy Bulletin state that physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m<sup>2</sup> ; or a BMI greater than or equal to 27 and less than 30 kg/m<sup>2</sup> and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL). [REDACTED] is not a physician-supervised program. Aetna Clinical Policy Bulletin recommends physician supervised weight reduction programs. According to the national heart, lung and blood institute, at a height of 66 inches with a weight of 325 documented on 7/8/2014, this patients BMI was 52. However, there was no discussion, from the reports reviewed, attempts at conservative weight loss methods such as diet and exercise. There was no indication that this patient could not participate in physical activity nor has attempted caloric reduction. Furthermore, guidelines only recommend physician supervised programs, and there was no description regarding the objective goals intended from [REDACTED]. Therefore, the request for [REDACTED] x 10 weeks was not medically necessary.