

<b>Case Number:</b>	CM14-0136369		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/23/2005
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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:

Injured worker is a female with date of injury 3/23/2005. Per primary treating physician's report dated 7/10/2014, the injured worker does not feel ready to resort to surgery but would like to give conservative treatment more time. She lost weight with [REDACTED] and responded positively to the exercises shown to her at physical therapy. She especially likes exercises on the large ball, which help stretch out her upper body. The smaller ball, which is designed to target certain spots, actually makes her have more pain for a couple days. She has been walking at least two times a week. She is using the soft brace for her hand, but mainly for typing. Her biggest complaint today is the aching and numbness and tingling in the anterior aspect of her chest and upper back, left greater than right. She rates these pains as 7/10 to 5/10, depending on what she is doing. She is also having more pain in the radial aspect of her left forearm, which feels like a burning pain that radiates all the way from the lateral elbow to the dorsum of the hand and left thumb. She has been noticing more numbness in both hands, since she stopped taking Lyrica. When she tries doing any work with her upper extremities, the symptoms in her hands flare up. She has been having left low back pain which radiates down the anterior aspect of her left leg, to the dorsum of her foot. On examination she weighs 231 pounds, which is 5 pounds more since her last visit. She walks without a limp. She is tender to palpation over the superior medial border of the scapulae, left greater than right. Both thoracic outlets above and below the clavicles are tender to palpation. Adson's tensing of the right upper extremity causes numbness to radiate into the volar aspect of her right forearm and into the contralateral left forearm, into the hand. Adson's on the left causes numbness to radiate to the dorsum of the left forearm and hand. Wright's testing on the right causes slight numbness in the dorsum of the right hand and forearm. Wright's testing on the left causes numbness to radiate into the dorsum of the upper arm, forearm and hand. She does not lose her pulse on any of these maneuvers. Diagnoses include 1) thoracic

outlet syndrome, left greater than right 2) disc disease at C6-7 on the left 3) status post right carpal tunnel release and Guyon's canal release 4) status post anterior transposition left ulnar nerve at the elbow and release of the median and ulnar nerves at her left wrist 5) recurrent signs and symptoms of radial neuropathy left proximal forearm and radial wrist. 6) poor control of obesity 7) new bilateral anterior knee pain from walking for exercise 8) vitamin D insufficiency 9) hypothyroidism 10) anxiety and depression controlled without antidepressants.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Weight loss program x8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

**Decision rationale:** The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss program such as [REDACTED]. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. The request for Weight Loss program x 8 is not medically necessary.