

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0143820 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 07/16/2004 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 08/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/05/2014 |

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old female with date of injury of 07/16/2004. The listed diagnoses per [REDACTED] from 05/08/2014 are: 1. Achilles tendonitis or bursitis. 2. Pes anserinus tendinitis or bursitis. According to the only report provided for review, the patient complains of left knee and right ankle pain. She has difficulty with her activities of daily living along with difficulty with prolonged periods of sitting, standing, walking, stair climbing, lifting, pushing, pulling, squatting, kneeling, and stooping. The patient also reports difficulty sleeping and driving. The objective findings show a well-healed incision over the operative site. There is loss of motor strength over the right ankle and left knee rated 4/5 with decreased range of motion. The patient is currently 5 feet 3 inches and weighs 276 pounds. The treater states, "She requires to lose approximately 150 pounds in order to reduce the stress over her lower extremities, to reduce her pain, and increase her functional capacity, and avoid further aggravation of her industrial injuries." The patient is unable to exercise despite her attempts to exercise on her own. She indicates that due to her lack of exercise, her glucose levels have elevated, and she is diabetic. The Utilization Review denied the request on 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program 10 weeks at [REDACTED] Program Right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Weight loss program:

**Decision rationale:** This patient presents with left knee and right ankle pain. The treater is requesting a weight loss program for 10 weeks at the [REDACTED] Program. 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. There are no discussions regarding weight loss programs in other guidelines such as ODG or ACOEM. However, Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], [REDACTED], [REDACTED], [REDACTED] or similar programs. The patient is currently 5 feet 3 inches, weighing 276 pounds with a BMI of 48.9. The 05/08/2014 report notes, "The patient also states that she is unable to exercise on her own despite the fact that she did attempt to exercise on her own." In this case, while it may be appropriate to consider a physician-based weight loss program given the patient's current BMI of 48.9, other programs are not recommended. The request for Weight loss program 10 weeks at [REDACTED] Program is not medically necessary.