

<b>Case Number:</b>	CM14-0144428		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/23/2005
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/07/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 injured worker is a 61-year-old female with a reported date of injury on 08/23/2005. The injury reportedly occurred from an assault by a coworker. The diagnoses were noted to include status post left knee surgery with residuals, plantar fasciitis, rib cage complaints, head complaints, internal complaints, and weight gain. Her previous treatments were noted to include surgery and medications. The progress note dated 05/20/2014 revealed complaints of left knee, rib cage, hip, weight gain, and plantar fasciitis pain. The physical examination revealed pain and tenderness to the plantar aspect of the foot that was consistent with plantar fasciitis. There was diminished range of motion to the ankle and knee and there was pain medially. . The progress note dated 07/15/2014 revealed pain to the left knee, foot, ribcage, hip, and internal complaints. The injured worker continued being overweight and that she had not lost the weight she had gained since the injury. The physical examination revealed plantar pain to the feet and joint line tenderness to the left knee. There was patellofemoral pain and tenderness to the right ribcage region. The request for authorization form dated 07/31/2014 was for the [REDACTED] weight loss program for weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 [REDACTED] Weight Loss program between 7/15/2014 and 10/04/2014: 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: Lawrence J. Appel, M.D.(2011), Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice. The New England Journal of Medicine, 365(21), pages 1959.

**Decision rationale:** The injured worker complains of weight gain since her injury. "In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months." There is a lack of documentation regarding how much weight has been gained since the injury and the attempts of weight loss by the injured worker. Therefore, the request is not medically necessary.