

<b>Case Number:</b>	CM14-0165815		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Internal 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:

The IW is a 27 year-old woman with a date of injury (DOI) of March 10, 2009. It is documented that on the DOI, the IW developed symptoms of pain in the left lower extremity when she was attempting to pull pallets in the workplace. Pursuant to an orthopedic note dated October 9, 2014, current diagnoses are: Status post left foot anterior calcaneal process fractures fragment excision and syndesmotic ORIF, right knee sprain, left knee sprain, low back pain of the strain/sprain variety, morbid obesity. Past treatment has included 2 surgical procedures to the left foot. Official operative reports were not available for the review. It is documented that on July 14, 2009, surgery consisted of primary repair of the syndesmotic ligament. On October 21, 2009, surgery was performed to the left lower extremity for removal of hardware. A medical document dated July 30, 2014 indicated that subjectively, there were symptoms of pain in the left ankle and the left foot. Objectively, there was an inability to dorsiflex the left ankle 10 degrees and plantarflex the left ankle 30 degrees. The IW continues to report pain in her left foot, left ankle, low back, right knee, and left knee. She uses a CAM walker and takes either Advil or Naproxen for the pain. Since the last medical evaluation, the IW has denied any new injury. She has been evaluated at [REDACTED] (weight loss clinic) one time. She was also evaluated at [REDACTED] [REDACTED]. Pursuant to the noted dated September 11, 2014, there is a letter from [REDACTED] indicating that the IW would be an appropriate candidate for their weight reduction program. The letter was not available for review and was not part of this chart. There was no mention of height and weight of the IW, nor was there any documentation reflecting any prior weight reduction measures attempted by the IW.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Reduction Program under [REDACTED]: 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: Psychiatric Clinics of North America, 2011, December: 34 (4): 797 - 812; TSAI, AG et al. Evaluation of the Major Commercial Weight-Loss Programs;

**Decision rationale:** [REDACTED] deal with the medical and behavioral evaluation of patients with obesity. Obesity may be the most significant medical problem but healthcare providers will face over the coming years. They found studies of commercial weight-loss programs such as [REDACTED]. One randomized trial in several case series of medically supervised, very low-calorie diet programs found that patients who completed treatment lost approximately 15% to 25% of their initial weight. However, these programs were associated with high costs, high attrition rates, and a high probability of regaining 50% or more of lost weight in one to two years. Commercial interventions available over the Internet and organize self-help programs produced minimal weight loss. Therefore, the reference/citation above would not support a specific request for a weight loss program. Notably, there were no weights documented in the medical record. Additionally, the reference does not provide definitive data to support an expectation that the requested weight loss treatment definitively to succeed in the improvement of functional capabilities on a long-term basis. Based upon the clinical information in the medical record in the peer-reviewed, evidence-based guidelines for weight loss program is not medically necessary.