

<b>Case Number:</b>	CM15-0114660		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: North Carolina  
Certification(s)/Specialty: Family Practice

### 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 59 year old male who sustained an industrial injury on 04/16/2012. Mechanism of injury was a trip, fall down stairs, and injured his bilateral knees and low back. Diagnoses include status post left total knee replacement in 2010, revision of left total knee replacement with thicker tibial insert in 2012, lumbar radiculitis, malposition of both patellae, and exogenous obesity. Treatment to date has included diagnostic studies, medications, physical therapy, and surgery. Present medications include Hydrocodone, Ibuprofen and Omeprazole. The most recent physician progress note dated 04/19/2015 documents the injured worker started the [REDACTED] weight management program and lost 17 pounds in the last two weeks. He complains of lateral left knee pain. He has back, buttock, and thigh pain and numbness. Pain is prolonged with walking. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for [REDACTED] weight management x 10 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] weight management x 10 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Psychatri Clin North AM. 2011 Dec; 34(4): 797-812. Medical and behavioral evaluation of patients with obesity. Kushner Rf, Sarwer DB.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH, obesity.

**Decision rationale:** The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure. 2. lower elevated levels of total cholesterol, LDL and triglycerides. 3. lower elevated levels of blood glucose levels. 4. use BMI to estimate relative risk of disease. 5. follow BMI during weight loss. 6. measurement of waist circumference. 7. initial goal should be to reduce body weight by 10%. 8. weight loss should be 1-2 pounds per week for an initial period of 6 months. 9. low calorie diet with reduction of fats is recommended. 10. an individual diet that is helped to create a deficit of 500-1000 kcal/day should be used. 11. physical activity should be part of any weight loss program. 12. behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there is no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not certified.