

<b>Case Number:</b>	CM15-0116522		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/13/2011
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Arizona, California  
 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 48-year-old male, who sustained an industrial injury on 08/13/2011. He has reported injury to the neck, left wrist, and low back. The diagnoses have included cervicgia; left wrist triangular fibrocartilage complex (TFCC) tear; and sprains and strains of lumbar region. Treatment to date has included medications, diagnostics, bracing, trigger point injections, physical therapy, and home exercise program. Medications have included Tramadol, Effexor, and Fexmid. A progress report from the treating physician, dated 04/21/2015, documented an evaluation with the injured worker. The injured worker reported chronic pain; and he is taking his medications as prescribed with no side effects. Objective findings included ambulating without a device; gait is normal; slumped posture when sitting; standing posture is normal; brace in place to the left wrist; tenderness on the palpation to the ulnar side of the left wrist and with scapho-lunate articulation; articulation of radius and ulna is also painful; and there is significant weight gain since the injury and poor knowledge of weight loss strategies. The treatment plan has included the request for 6 month membership to weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 month membership to weight loss program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines-Treatment in Workers' Compensation, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96.

**Decision rationale:** According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, exercise or other behavioral interventions. The claimant had gained 82 lbs in 6 months without intervention noted for caloric intake modification. There is no indication of failure or regaining of weight after prior attempts to lose weight. Therefore, the request for a weight management program is not medically necessary.