

<b>Case Number:</b>	CM15-0097573		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Florida

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 38-year-old male who sustained an industrial injury on 04/06/13. Initial complaints and diagnoses are not available. Treatments to date include physical therapy and a right knee arthroscopy. Diagnostic studies include a MRI of the right elbow, which was not available for review in the submitted records. Current complaints include pain in the right knee and elbow. Current diagnoses include bilateral knee injuries, plantar fasciitis, and pain in the cervical, thoracic and lumbar spines. In a progress note dated 10/27/14 the treating provider reports the plan of care as additional physical therapy for the right elbow and a home physical therapy kit for the right elbow. The requested treatment is 6 months of a weight loss program. There is no documentation in the submitted records regarding a weight low program or the need for a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program, 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective, Am Fam Physician. 2012 Aug 1; 86 (3): 280-282.

**Decision rationale:** MTUS, ACOEM, and ODG guidelines do not specifically address indications for weight loss programs. Likewise, other reputable guidelines were referenced. Regarding this patient's case, a weight loss program is being requested. However, the documentation provided does not state the reasons why a weight loss program is being requested. No recent weight or BMI is provided. It is noted that this patient previously participated in the [REDACTED] weight loss program. Therefore, he should have the necessary skills to continue weight loss efforts on his own. Likewise, without additional documentation, this request is not medically necessary.