
Notice of Independent Medical Review Determination

Dated: 8/29/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 10/24/2007
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001617

- 1) MAXIMUS Federal Services, Inc. has determined the request for treatment of sleep apnea **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a supervised weight loss program **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for post surgical rehabilitation for the right elbow and right shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for treatment of sleep apnea **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a supervised weight loss program **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for post surgical rehabilitation for the right elbow and right shoulder **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 12, 2013.

“██████████ is a 60 year old (DOB: 10/20/53) with a date of injury on 10/14/07. The carrier has accepted the claim for multiple upper extremities, knee (left), shoulders (both), lower back area, mental/physical, internal organs, knee (right).”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review by ██████████ (dated 7/12/13)
- Employee's Medical Records by ██████████, MD (dated 6/19/13)
- Employee's Medical Records by ██████████, MD (dated 4/30/13)
- Employee's Medical Records by ██████████, MD (dated 2/12/13)
- Employee's Medical Records by ██████████ (dated 4/26/13 & 11/30/12)

- Employee's Medical Records by [REDACTED] (dated 8/27/12)
- Employee's Medical Records by [REDACTED] (dated 7/11/12)
- Diagnostic Imaging Report by [REDACTED] (dated 11/21/12)
- Employee's Medical Records by [REDACTED] (dated 6/27/13 thru 6/27/12)
- Official Disability Guidelines (ODG), Postsurgical Treatment Guidelines, Elbow & Upper Arm

1) Regarding the request for treatment of sleep apnea:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator stated that neither the California Medical Treatment Utilization Schedule (MTUS) nor any medical treatment guidelines were relevant and applicable to the employee's circumstance and based its decision on currently available information. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer relied on Aarts, Mark CJ, et al. Remarkable differences between three evidence-based guidelines on management of obstructive sleep apnea-hypopnea syndrome. The Laryngoscope 123.1 (2013): 283-291, a Nationally Recognized Professional Standard, which is not part of the CA MTUS.

Rationale for the Decision:

The employee was injured on 10/14/07. Medical records submitted and reviewed indicate the employee presents with the following diagnoses: orthopedic injury; anxiety; depression; hypertension; diabetes mellitus; sleep disorder; and headaches. Treatment to date includes right shoulder surgery, right elbow surgery, physical therapy and multiple medications. The request is for treatment of sleep apnea.

Medical records submitted and reviewed indicate employee began Lunesta 4 months ago which has helped with sleep pattern complaints. The provider documents the employee utilizes a CPAP nightly. The MTUS does not specifically address sleep apnea. The records submitted do not indicate whether the employee has received any prior treatment for sleep apnea. The request is ambiguous, and asks for "sleep apnea treatment" without including a specific request. The documentation does not support the request. The request for treatment of sleep apnea is not medically necessary and appropriate.

2) Regarding the request for supervised weight loss program:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator stated that neither the MTUS nor any Medical Treatment Guidelines were relevant and applicable to the employee's circumstance and based its decision on currently available information. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated no section of the MTUS was applicable and relevant to the issue at dispute. The Expert

Reviewer relied Dixon, John B., et al. "Surgical vs conventional therapy for weight loss treatment of obstructive sleep apnea a randomized controlled trial therapy for obstructive sleep apnea." JAMA 308.11 (2012): 1142-1149, a Nationally Recognized Professional Standard, which is not part of the CA MTUS.

Rationale for the Decision:

The employee was injured on 10/14/07. Medical records submitted and reviewed indicate the employee presents with the following diagnoses: orthopedic injury; anxiety; depression; hypertension; diabetes mellitus; sleep disorder; and headaches. Treatment to date includes right shoulder surgery, right elbow surgery, physical therapy and multiple medications. The request is for a supervised weight loss program.

The MTUS does not specifically address a weight loss program. The medical records submitted and reviewed lack evidence of the employee's failure with lower levels of conservative treatment for body weight. The provider indicated the employee was 5 feet 6 inches tall and weighed 261 pounds, but did not evidence exhaustion of lower levels of treatment such as independent weight loss, diet, or exercise. The documentation submitted does not support the request. The request for a supervised weight loss program is not medically necessary and appropriate.

3) Regarding the request for post surgical rehabilitation for the right elbow and right shoulder:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Postsurgical Treatment Guidelines, Shoulder and Elbow sections, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 10/14/07. Medical records submitted and reviewed indicate the employee presents with the following diagnoses: orthopedic injury; anxiety; depression; hypertension; diabetes mellitus; sleep disorder; and headaches. Treatment to date includes right shoulder surgery, right elbow surgery, physical therapy and multiple medications. The request is for post surgical rehabilitation for the right elbow and right shoulder.

The MTUS Postsurgical Guidelines support 20 visits over 10 weeks postoperatively for the patient's elbow surgery. Medical records submitted and reviewed do not include any physical therapy progress notes documenting duration or frequency of supervised therapeutic interventions to date for the employee's post-op condition. The medical records lack evidence to support supervised therapeutic interventions for the employee, as the provider does not indicate duration or frequency of continued treatment, and there were no physical therapy progress notes submitted for review. The request for post surgical

rehabilitation for the right elbow and right shoulder is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.