

Case Number:	CM13-0012190		
Date Assigned:	09/25/2013	Date of Injury:	03/11/2012
Decision Date:	01/09/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 57 YO, 6'7", approx. 293 lbs, M, police sergeant, with history of cardiomyopathy, s/p CRT device implant, diabetes mellitus, hypertension, hyperlipidemia, paroxysmal atrial fibrillation. The patient has worked for the [REDACTED] since 1996, and became a sergeant in 2003. He had complaints of shortness of breath a few weeks before he sought emergency medical services on 3/11/12 for difficulty breathing while trying to sleep. He had acute congestive heart failure and atrial fibrillation and underwent the CRT device implant on 5/30/12. He still has occasionally dizziness when he stands and moves quickly. He was P&S on 2/28/13, and the AME and his cardiologist felt he would not be able to return to his occupation as a police officer. The IMR application shows the patient is disputing the 8/6/13 UR decision on an "outpatient medical therapy nutrition program" The 8/6/13 UR letter is from [REDACTED], and is addressed to [REDACTED] and denies the "outpatient medical therapy nutrition program" without providing a rationale or description of what they are denying. In the "clinical history" section of the UR letter, it states the request was for a referral to a dietician for an 1800 calorie/day diet. UR states they reviewed [REDACTED] 7/30/13 report. Provided for review were 435 pages but unfortunately, the 7/30/13 report from Dr Sharma is missing. I do have [REDACTED] 9/26/13 and 7/11/13 reports, but there is no discussion of an "outpatient medical therapy nutrition program"

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient medical therapy nutrition program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no description of what this program consists of, or the duration of the program, so I am not sure what section of MTUS or what guideline would apply. There is no discussion of what constitutes the "outpatient medical therapy nutrition program" that is beyond the dietary advice that an internal medicine physician could provide for his cholesterol, triglycerides, hypertension and diabetes. The 7/30/13 report and RFA from [REDACTED] was not provided. There is not enough information available to confirm that the program requested is in accordance with MTUS guidelines, and since "medical necessity" has been defined as treatment based on MTUS guidelines, this request cannot be considered medically necessary.