MAXIMUS Federal Services

Case Number:	CM13-0013803		
Date Assigned:	09/26/2013	Date of Injury:	11/19/2010
Decision Date:	02/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/19/2013

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 Orthopedic Surgery, 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:

The patient is a 47-year-old female who was injured in a work related accident on 11/19/10. The records indicate that the claimant sustained bilateral upper extremity injuries as well as shoulder injuries, low back injury, and a neck injury. Recent clinical assessment for review dated 07/09/13 indicated ongoing complaints of neck, mid and low back pain when she was seen by [redacted] The claimant's diagnosis at that date was of multilevel herniated discs of the cervical and lumbar spine, cervical and lumbar radiculitis, bilateral shoulder impingement, bilateral carpal tunnel syndrome, left wrist de Quervain's tenosynovitis and a bilateral cubital tunnel syndrome. Objectively, there was noted to be weakness at 5-/5 with wrist extensors, flexors, and grip strength as well as 4+/5 with bilateral EHL and tibialis anterior testing. The records indicate that the claimant has been following with a [redacted] of pain management, and has also been utilizing a weight loss program. Formal documentation from the weight loss program is unclear. At present, given the claimant's current and chronic diagnosis, there are recommendations for extension of previous authorized weight loss program, an orthopedic spine follow up, and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

extension of previously authorized medically supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Foundation Chapters - General Approach to Initial Evaluation and Assessment, Personal Risk Modification.

Decision rationale: Based on California MTUS Guidelines, the role of continuation of a weight loss program would not be indicated. Recent clinical records do not indicate significant understanding as to why continuation of this program would occur. It is clear that the claimant has already attended a weight loss program, for which she should currently be well versed in terms of an overall strategy in program for long term success. There would be no current indication for continued use of this personal risk modification modality in the clinical setting for which it has already been utilized.

Pain Management Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, referral for orthopedic follow up for the spine would also appear indicated. While the claimant is with chronic complaints, she is also with positive exam findings demonstrating radicular process as to both the upper and lower extremities. Continued referral with orthopedic spine follow up would appear medically necessary given her current clinical picture.

Spine Orthopedic Follow-up QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) -- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, referral for orthopedic follow up for the spine would also appear indicated. While the claimant is with chronic complaints, she is also with positive exam findings demonstrating radicular process as to both the upper and lower extremities. Continued referral with orthopedic spine follow up would appear medically necessary given her current clinical picture.