MAXIMUS Federal Services

Case Number:	CM13-0016032		
Date Assigned:	12/11/2013	Date of Injury:	04/30/2003
Decision Date:	01/31/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

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 and is licensed to practice in Illinois and Texas. 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 58-year-old female who reported an injury on 04/30/2003. The patient was noted to be struggling with pain. The patient was noted to be obese and have an antalgic gait. The patient was noted to be using the assistance of a walker and bilateral knees were noted to have tenderness, crepitus, and limited range of motion secondary to pain. The patient was noted to have a positive McMurray's sign bilaterally. The diagnoses were noted to include bilateral knee arthrosis right greater than left and weight difficulties. The request was made for pool therapy, a weight loss program, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for two times a week for six weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section,and Physical Medicine Section Page(s): 22, 98-99.

Decision rationale: The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9 to 10 visits. The

clinical documentation submitted for review indicated that the physician opined the buoyancy factor, warm environment, and ability to perform therapy to a multiplicity of body parts in a single visit would be helpful for the patient. However, the documentation submitted for review failed to indicate the patient had a necessity for reduced weight bearing. In addition, the request would exceed guidelines for exercise therapy as the guidelines indicate the patient can utilize up to 10 visits. Given the above, the request for pool therapy 2 times 6, lumbar spine is not medically necessary.

Weight loss program for 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laura P. Svetkey et al. Comparison of Strategies for Sustaining Weight Loss: The Weight Loss Maintenance Randomized Controlled Trial. JAMA. 2008; 299(10):1139-1148.

Decision rationale: Laura P. Svetkey et al. (2008) "Observational studies suggest that continued intervention contacts; self-monitoring of dietary intake, physical activity, and weight; accountability; and regular physical activity lead to sustained weight loss. However, very few trials have explicitly tested alternative strategies to sustain weight loss, and few weight loss studies have implemented interventions for longer than 18 months. The clinical documentation submitted for review failed to provide documentation that the patient had been participating in self monitoring of dietary intake, physical activity, and weight, along with regular physical activity and this method had failed. Given the above, the request for weight loss program 10 weeks is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Section Page(s): 69.

Decision rationale: The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. It was noted that Omeprazole was used for a gastrointestinal protective agent; however, there was a lack of documentation of symptoms to indicate the necessity for the medication. Additionally, there was a lack of documentation of the quantity of pills being requested. Given the above, the request for Omeprazole is not medically necessary.