

Case Number:	CM13-0016277		
Date Assigned:	11/06/2013	Date of Injury:	06/15/1999
Decision Date:	02/20/2014	UR Denial Date:	08/12/2013
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. 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 59-year-old female who reported a work-related injury on 06/15/1999. Her diagnoses include post-traumatic epilepsy, post-traumatic anxiety/depression, and chronic and acute vertigo. Physical exam findings revealed decreased range of motion with contractures to the left ankle. Positive left TMJ tenderness was noted. MRI of the brain revealed right parietal encephalomalacia, which was noted was probably from a 1966 motor vehicle accident. An EMG/NCS of bilateral upper extremities revealed bilateral carpal tunnel syndrome unchanged since 2009. A request has been made for pool therapy for lower extremities and a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Pool Therapy for lower extremities (amount and duration not specified):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Aqua Therapy.

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

Decision rationale: California Chronic Pain Medical Treatment Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Guidelines recommend 8 to 10 therapy visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was no documentation noted of the patient's prior physical therapy treatments and the efficacy of this therapy for the patient. Furthermore, the amount, frequency, and duration of the patient's pool therapy request were not specified. There was no evidence given to support the need for reduced weight bearing for the patient, versus land-based physical therapy or an independent home exercise program. Given the above, the request for pool therapy for lower extremities is non-certified.

Weight Loss Program (program not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online version of the National Institute of Health Government Site - Systematic Review: an evaluation of major commercial weight loss programs in the United States, and 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 Medical Treatment Guidelines and Medical Evidence: Wing, Rena R & Phelan, Suzanne, and Long-term weight loss maintenance and Am J Clin Nutr 2005 82: 222S-225.

Decision rationale: A request has been made for weight loss; however, a program was not specified for the patient. Recent clinical documentation stated the patient's weight was 170 pounds. There was no rationale given for the request for the weight loss program for the patient, and a specific program was not specified for the patient in the request or clinical documentation submitted. In a study by Wing, et al. (2005), "findings from the registry suggest 6 key strategies for long-term success at weight loss: engaging in high levels of physical activity; eating a diet that is low in calories and fat; eating breakfast; self-monitoring weight on a regular basis; maintaining a consistent eating pattern; and catching "slips" before they turn into larger regains." There was no clinical documentation or evidence given of the patient engaging in physical activity, eating a diet that was low in calories and fat, and self-monitoring her weight on a regular basis. Given the above, the decision for weight loss, program not specified, is non-certified