

Case Number:	CM13-0018338		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2013
Decision Date:	04/18/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 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 applicant is a represented employee who has filed a claim for neck pain, arm pain, shoulder pain, knee pain, and ankle pain associated with an industrial injury of July 8, 2013. Thus far, the applicant has been treated with following: analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. It appears that the electrodiagnostic testing in question was performed on August 29, 2013, and was notable for moderate bilateral carpal tunnel syndrome, right greater than left, with no evidence of cervical radiculopathy. A clinical progress note of November 22, 2013, was notable for comments that the applicant was working with limitations in place. Numbness is noted about the hands and wrists, right greater than left, exacerbated by driving, cleaning, cooking, and/or lifting. Tenderness about the cervical paraspinal musculature was noted with diminished sensorium noted about the hands. Positive Tinel and Phalen signs are noted at the wrist. The applicant is given a right carpal tunnel corticosteroid injection. Manipulative therapy was endorsed. In a Doctor's First Report of August 9, 2013, the applicant was described as having gained 30 to 40 pounds which are reportedly attributed to cumulative trauma at work. Weight loss program was endorsed. It was noted that the applicant's job title was a clerk at the onset of her employment and that she was later promoted to a senior clerk-typist role. She was attributing some large portions of her complaints to cumulative trauma at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM: Upheld

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

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

Decision rationale: The California MTUS guidelines do not address this topic. However, as noted in MTUS 9792.20j, nationally recognized guidelines which are promulgated, disseminated, and/or endorsed by an organization with affiliates in two or more US states can be used in cases in which MTUS does not address the topic. Aetna, a national insurer with affiliates in multiple states, says that weight reduction programs and/or weight reduction medications are considered medically necessary in applicants who have BMI greater than 30 who try and fail to lose weight through conventional dieting, exercises, and behavioral modifications for a period of six months. In this case, however, it has not been clearly stated what attempts the applicant has or has not made to lose weight independently. It has not been clearly stated whether or not the applicant has tried and/or failed to lose weight through conventional dieting, dietary modifications, and/or exercise. Therefore, the requested weight loss program is not medically necessary at this time.

EMG/NCV BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: It appears that this represented a retrospective review of previously performed electrodiagnostic testing performed in August 2013. As noted in the ACOEM Guidelines, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. In this case, the applicant did have issues with both neck pain and hand pain with associated paresthesia and numbness noted about multiple digits. Performing electrodiagnostic testing to help distinguish between a carpal tunnel syndrome and cervical radiculopathy was indicated, given the multiplicity of the applicant's complaints. It is further noted that the electrodiagnostic testing in question was ultimately positive for bilateral carpal tunnel syndrome. Therefore, the EMG/NCV of the bilateral upper extremities was medically necessary and appropriate.