MAXIMUS Federal Services

Case Number:	CM13-0020636		
Date Assigned:	10/11/2013	Date of Injury:	05/26/2011
Decision Date:	05/05/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

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 Family Practice, 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 57-year-old male who reported an injury on 05/26/2011. The mechanism of injury involved repetitive work activity. The patient is currently diagnosed with cervical musculoligamentous sprain with left upper extremity radiculitis, lumbar musculoligamentous sprain with left lower extremity radiculitis, left shoulder periscapular strain, status post left forearm contusion and laceration, left elbow/wrist extensor and flexor tendonitis, complaints of stress with anxiety and depression, complaints of stroke, and sleep difficulty. The patient was seen by [redacted] on 02/06/2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation, positive Spurling's maneuver, diminished range of motion, positive straight leg raising, positive impingement and cross arm testing, positive Finkelstein's testing on the left, intact sensation, and a slow and guarded gait. Treatment recommendations included chiropractic therapy, a psychiatry consultation, and an internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BEHAVIORAL 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 Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The MTUS Guidelines indicate that functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. The principles of functional restoration apply to all conditions in general. According to the documentation submitted, there is no indication that this employee has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The employee's body mass index was not provided. The employee does not maintain a diagnosis of morbid obesity. The medical necessity has not been established. Therefore, the request is non-certified.

1 ORAL SLEEP APPLIANCE: 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 Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended generally if there is a medical need and if the device or systems meet Medicare's definition of durable medical equipment. According to a study performed by the U.S. National Library of Medicine, National Institutes of Health, oral appliances may be an effective therapy for obstructive sleep apnea. According to the documentation submitted, the employee does not maintain a diagnosis of obstructive sleep apnea. There is no indication of this employee's responsiveness to CPAP treatment, nor evidence of a polysomnography completed for this employee. The medical necessity has not been established. Therefore, the request is non-certified.