

Case Number:	CM13-0027797		
Date Assigned:	11/22/2013	Date of Injury:	11/26/2001
Decision Date:	01/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 has a subspecialty in Interventional Spine 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.

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 IMR application lists the date of injury as 11/26/2001 and shows a dispute with the 9/5/13 UR decision. The 9/5/13 UR decision is from [REDACTED], and is for denial of: Continued pool and PT 2x6; and a nutritionist for weight loss. The rationale was that the patient had 2 sessions of aquatic therapy without any improvement; and that the patient's height, weight or BMI was not provided to show need for the nutritionist for weight loss. The UR decision appears to be made from the 8/15/13 report from [REDACTED] and the 8/9/13 report from [REDACTED], although the letter lists records as far back as 1/28/13. According to the initial pain management report from 5/20/13, [REDACTED] notes, this is a 48 YO, 5'7-1/2", 290 lbs, RHD, F who injured her low back, left elbow and left knee on 8/14/01 when she fell down stairs. She had surgery on the left knee in 2002, and a revision in 2004. [REDACTED] notes a subsequent fall in 2008 With injury to the right ankle, requiring surgical repair in 2008. She also retired in 2008 [REDACTED] notes she continues with moderate to severe pain 8-9/10 and says she is motivated to lose weight but has significant restrictions because of her chronic back pain, left knee pain and right ankle pain. aquatic therapy would be good for weight management and overall conditioning and is particularly appropriate in light of the history of back pain, left knee pain, and right ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued pool and physical therapy; two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The employee is reported to be 5'7-1/2" and 290 pounds. The employee has a low back injury as well as left knee and right ankle injuries that make walking or weight-bearing difficult. The California MTUS Guidelines does suggest aquatic therapy as an option for situations as this. However, the MTUS aquatic therapy section, states "For recommendations on the number of supervised visits, see Physical medicine." and the MTUS Physical medicine section states for various myalgias and neuralgias, the recommendation is 8-10 sessions. The request for 12 sessions will exceed MTUS guidelines. The request for continued pool and physical therapy; two (2) times a week for six (6) weeks is not medically necessary and appropriate

Nutritionist for weight loss: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Nutritional Counseling Section..

Decision rationale: The records show the employee has already had already had diet and weight loss programs from 2007. There was the 6/30/07 Internal Medicine evaluation by [REDACTED] noting the maximum weight after injury was 325 lbs, The employee had been through Lindora and on 6/30/07 weight was 247 lbs. The employee was reported to have difficulty walking in 2007. [REDACTED] concluded that the significant weight loss after the industrial injury indicates non-industrial causes for obesity. The current reports states the employee is motivated to lose weight, but there is no discussion to explain the increased weight gain despite motivation and nutritional knowledge from the prior weight loss programs. There is no discussion on the employee's current dietary intake and no insight provided as to why the nutritionist is needed. There is no discussion on behavioral weight loss therapy. The California MTUS and ACOEM did not provide discussion on weight loss or nutritionists, Aetna guidelines were utilized. The reporting does not support the need for a weight loss program, or nutritionist under Aetna guidelines. The request for a nutritionist for weight loss is not medically necessary and appropriate.