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| <b>Case Number:</b>   | CM13-0028889 |                              |            |
| <b>Date Assigned:</b> | 11/01/2013   | <b>Date of Injury:</b>       | 04/17/2012 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 09/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2013 |

### 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 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 49-year-old male who reported an injury on 04/17/2012. The patient is currently diagnosed with work-aggravated osteoarthritis of the right hip and lumbar disc disease with disc bulges and annular tears. The patient was seen by [REDACTED] on 07/11/2013. The patient reported a 75% reduction in familiar pain following an intra-articular right hip injection. Physical examination revealed no acute distress, normal range of motion of the right hip, mild right lumbar paraspinal tenderness without spasm and normal gait. Treatment recommendations included the continuation of home exercise and anti-inflammatory medications and recommendations for a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sharp HMS diet 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 California MTUS Guidelines state 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. Independent self management is the long-term goal of all forms of functional restoration. As per the clinical notes submitted, the patient's physical examination on the requesting date of 07/11/2013 revealed no acute distress, normal range of motion, mild tenderness and no motor or sensory impairment in either of the lower extremities with a normal gait. There was no record of the patient's current weight and body mass index. There was also no indication that this patient has attempted and failed other forms of weight loss management. The medical necessity has not been established. Therefore, the request is non-certified.