

Case Number:	CM13-0030046		
Date Assigned:	11/27/2013	Date of Injury:	03/17/2008
Decision Date:	01/17/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/25/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 45 year old female who reported an injury on 03/17/2008. The mechanism of injury was a fall. The primary diagnosis is unclear, but records indicate that she was primarily treated for her neck and head, although she landed on her knees. She received an initial course of physical therapy and acupuncture for her cervical complaints with little benefit. She then underwent an anterior cervical fusion at C5-C6 and C6-C7 in 2008. She continues to complain of neck discomfort and has recent onset bilateral knee pain. There was mention of MRI to bilateral knees, however, results were not included or discussed in the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 6 Additional P.T. Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back Chapter.

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

Decision rationale: The California MTUS guidelines only addressed physical therapy as it relates to neuritis and myositis. However, the request does not specify for which body part the 6

additional physical therapy sessions are needed. This does not allow for an appropriate determination of medical necessity. As such, the request is non-certified.

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 Other Medical Treatment Guideline or Medical Evidence: Appel, L. J., Clark, J. M., Yeh, H. C., Wang, N. Y., Coughlin, J. W., Daumit, G., & Brancati, F. L. (2011). Comparative effectiveness of weight-loss interventions in clinical practice, *New England Journal of*

Decision rationale: The California MTUS, ACOEM, and Official Disability guidelines did not address the subject of medically directed weight loss. Therefore, recent journal articles were supplemented. Recent research done on the subject of medical weight loss compared individuals who were self-directing their weight loss, individuals who received remote support, and individuals who were being provided with one on one and group sessions. This research concluded that patients who have a support system, whether remotely or face-to-face, are more likely to achieve long lasting weight loss. The clinical notes state that the patient has been participating in Weight Watchers, which provides support on an individual and group basis. According to the study, this should be sufficient in assisting her with long term weight loss goals. There was no objective documentation as to the patient's adherence and participation in the Weight Watchers program to determine if it has failed. Therefore, the request for a medically directed weight-loss program is non-certified.