

Case Number:	CM13-0030271		
Date Assigned:	11/27/2013	Date of Injury:	04/20/2009
Decision Date:	04/01/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 59-year-old female with a date of injury of 04/20/2009, and worked for the [REDACTED] when she was involved in a motor vehicle accident. The patient stated she was working in parking enforcement when a car struck her at a high rate of speed. The patient has undergone extensive treatment for neck pain. The patient is diagnosed with degenerative disc disease cervical spine, AC (acromioclavicular) joint arthrosis, the right greater than left. She was seen on 09/27/2013 for evaluation/ consultation. The patient noted she is 60% better than her date of injury and would like to have some treatment. After examination, the physician has noted that the patient's neck is nonsurgical in nature. The patient is released with modified duty with restrictions of no heavy lifting, no repetitive or prolonged overhead work, and no repetitive lifting to or above shoulder level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised weight loss program for 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://jama.jamanetwork.com/article.aspx?articleid=181605>

Decision rationale: The patient is a 59-year-old female diagnosed with degenerative disc disease cervical spine, acromioclavicular joint arthrosis, right greater than left. The patient's date of injury was 04/20/2009. She was seen in the office for an evaluation on 09/27/2013, at which point she had not been seen nor had any major complaints for quite a while. The patient was seen and stated she wanted some continued treatment. There was no real documentation to show if the patient was having any pain issues, and if so what the pain level was, any medications they were currently on, and if it was for pain effectiveness. The AMA (American Medical Association) journal noted in an article comparison of strategies for sustaining weight loss. The study showed behavioral weight loss interventions achieve short-term success. Therefore, the request for supervised weight loss program is noncertified.

Gym trainer for 15 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Membership

Decision rationale: The patient is a 59-year-old female diagnosed with degenerative disc disease cervical spine, acromioclavicular joint arthrosis, right greater than left. It was noted in the progress note that the patient has not had any treatment for years and wants to have treatment. The notes are not real specific on what the ailments are. The patient has been doing well in aqua therapy but now has not been doing that for some time. The Official Disability Guidelines (ODG) note for gym memberships, it is not recommended as a medical prescription unless a documented home exercise program, with periodic assessment and revision, has not been effective and there is a need for equipment. In the documentation provided, there is no notation that a home exercise program has not been sufficient. All that was noted in the documentation is that the patient had been doing aqua therapy in the past but had not been in a while. No definite notes stating pain level, if the patient is having pain, what medications the patient is on currently, and if they are effective for any pain issues. Therefore, the request is noncertified.