

<b>Case Number:</b>	CM13-0036943		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/20/2001
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. 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 58 year old woman who suffered a work-related injury in 2001. Over the ensuing decade, she had become morbidly obese (375lbs.) and is essentially homebound. She underwent bilateral carpal tunnel releases in 2012. Now, she presents with cellulitis and skin breakdown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of in-home physical therapy:** Upheld

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

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

**Decision rationale:** The records indicate that the patient continues with significant left knee pain and is morbidly obese. She has completed a course of in-home physical therapy that had provided her with exercises that she performs in bed, and she continues to do this on her own. The patient had a total knee replacement in 2007, and the request does not fall into post-operative time-frame. The patient recently had a fracture of the prosthesis, apparently requiring surgery; however, the surgery was never done due to complications of morbid obesity. The

MTUS allows for fading of treatment frequency plus active self directed home physical medicine. The patient has recently undergone a course of physical therapy and was able to perform her home exercise program as instructed. The treating physician does not delineate why more therapy is needed. There are no new goals outlined. The additional 12 sessions of physical therapy exceeds the guideline recommendations. Therefore, the request is not medically necessary.

**160 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** The patient continues with significant left knee pain. The progress report dated 9/18/13 by [REDACTED] indicates that the patient reported that her pain medication does help to reduce the pain; it allows her greater function. However, the patient's level of pain before and after taking medication was not documented. The MTUS states the pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument when long-term use of opioids is an issue. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS further states that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was no documentation of functional improvement, including numerical scale of pain before and after medication, and no documentations as required by MTUS guidelines. There are no discussions of medication side effects, tolerance, adverse behavior or other discussion as required by MTUS guidelines for chronic opiates use. Therefore, the request is not medically necessary.

**psychology consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The patient does continue with depression. The utilization review letter dated 9/27/13 indicates that the patient had previously received psychiatric treatment without mention of level of benefit. The appeal letter by [REDACTED] dated 10/17/13 stated that, given the patient's profile, there is a high probability that a traditional medical program will result in a poor outcome unless these underlying psychological factors are addressed. Complications may be a consequence of emotional factors such as severe tension, excessive worry, and depressed mood. She has had cognitive behavioral therapy sessions in the past with benefit. [REDACTED] opined

that psychotherapeutic intervention is necessary to develop more effective coping strategies and improve the quality of her life in the areas over which she has control. The ACOEM Guidelines mention that judicious involvement of other professionals, including psychologists, exercise and physical therapists, and other healthcare professionals who can offer extra physical or mental therapy while the physician continues to orchestrate whole therapeutic process can be helpful. The ACOEM further states that the occupational health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The records appear to indicate this patient has received psychological therapy in the past which has been helpful, but continues to struggle with depression. The request for psychological consultation appears to be reasonable in this case. Therefore, the request is medically necessary.

**consultation with a nutritionist for weight loss:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**Decision rationale:** This patient is morbidly obese. The appeal letter dated 10/17/13 indicates that the patient's BMI is at 65.7. She is in need of left knee surgery, but is unable to undergo it until she is able to lose significant amount of weight. She has been considering bariatric surgery. [REDACTED] opined that although the patient is working with UCSF for bariatric consultation, she would also need consultation with a nutritionist to maintain her weight. A nutritionist will promote healthy eating, helping the patient to further lose weight. The ACOEM states that the occupational health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The request for nutritionist consultation for weight loss appears to be reasonable in this case. Therefore, the request is medically necessary.