

Case Number:	CM13-0040999		
Date Assigned:	12/20/2013	Date of Injury:	04/11/1997
Decision Date:	12/10/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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:

This is a 68 year-old male who has reported multifocal pain and other conditions, all attributed to an injury date of 4/11/97. A variety of diagnoses have been proposed, including cervical spondylosis, peripheral compressive neuropathies, degenerative joint disease, mitochondrial myopathy, peptic ulcer disease, and obesity. The injured worker has seen pain management physicians and surgeons. Surgical treatment has included a cervical fusion in 1998, right knee surgeries in 1999 and 2010, left total knee replacement in 2010, and lumbar fusion in 1997. Other treatment has included injections, chiropractic, physical therapy, acupuncture, and medications. An orthopedic surgeon in 2012 and on 5/2/13 noted ongoing knee pain due to degenerative joint disease, and ongoing back pain. That surgeon has listed a diagnosis of "Bechetts muscular dystrophy". A history of shoulder problems is briefly mentioned. The treating chiropractor lists himself as the primary treating physician, and provides periodic treatment reports. None of these reports provide significant information regarding the medical necessity of the disputed services now under review. The injured worker is seeing two different pain management physicians. Per the pain management physician #1, PR2 of 11/15/13, there was ongoing back and neck pain. There was a long list of internal medicine and orthopedic conditions. There was a long list of internal medicine and pain medications. Obesity was present and the blood pressure was slightly elevated. A urinalysis was performed. Per the pain management physician #2, PR2 of 6/28/13, there was ongoing back pain. The treatment plan included and epidural steroid injection and referral to a surgeon. Earlier reports from this physician note ongoing chronic pain, with no further information regarding the requests now under Independent Medical Review. Per the pain management physician #2, PR2 of 10/25/13, the neurosurgeon had requested a dietary consultation for obesity, cardiology consultation prior to cervical spine and carpal tunnel surgeries, anesthesia consultation prior to surgery, an

ophthalmology consultation per a consultant at [REDACTED], treatment with a neuromuscular specialist for mitochondrial myopathy, and orthopedic consultation for shoulder bursitis. Per the neurosurgeon's reports of 2/15/13, there were ongoing low back and lower extremity symptoms, with frequent falls, pain, and paresthesias. Gait was poor, with sensory deficits and weakness in the lower extremities. Note was made of peripheral neuropathy, obesity, and need for cervical spine surgery. Medical clearance for surgery was mentioned but not discussed. Per the PR2 of 9/10/13, there was neck and arm pain, with multifocal upper extremity weakness. A neurology consultation was mentioned, with a diagnosis of mitochondrial myopathy and an ongoing evaluation for possible "Pompe disease". The documentation of those evaluations was not provided for review. Mention was made of unspecified "cardiac irregularities". Obesity was present. Lhermitte's sign was present with neck rotation. Spurling's sign was positive. Tinel's sign and "forced flexion" tests were positive at the wrist. Sensory deficits were present in the left C3-5 distribution as well as bilateral median nerves. Right ulnar sensory loss was present. Slight weakness was present in the left deltoid and biceps. Bilateral shoulder range of motion was very limited. Electrodiagnostic testing results from 2011 and 2012 (3 separate testing sessions) were briefly mentioned as showing unspecified neuropathy, bilateral carpal tunnel syndrome, and right carpal tunnel syndrome and "right ulnar nerve" only. The treatment plan included the items now under Independent Medical Review. The dietary consultation was for obesity, with no details given. The cardiology and anesthesia consultations were for clearance prior to surgery. The ophthalmology consultation was per a recommendation from [REDACTED] relating to myopathy. "Carpal Tunnel consultation" was not specified or discussed further. The neuromuscular specialist was for initiation of treatment for myopathy, including improvement of cardiac function. The orthopedic consultation was for left shoulder bursitis. On 10/7/13 Utilization Review certified a cardiology consultation and non-certified the items listed on this Independent Medical Review. The non-certifications were based on several different guidelines and lack of specific medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIETARY CONSULT: 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 UpToDate, Obesity in adults: Overview of management

Decision rationale: The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a "dietary consult" is contingent upon more than just the presence of obesity. Per the UpToDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information

regarding this injured worker's past and current weight, prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and the specific nature of the requested consultation. Were there to be medical necessity for a dietary consultation, the qualifications of the intended provider are necessary (along with the other information listed above), as a variety of individuals hold forth as weight loss practitioners, some of whom are professionally trained and licensed, and some of whom are not qualified to provide this service. Absent these kinds of specific details and treatment plan, a request for a consultation lacks the necessary components to demonstrate medical necessity. The request is not medically necessary.

ANESTHESIA CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Pre-operative evaluation Medscape, Drugs and Diseases, review article by Sharma et al, Pre-Operative Testing (available to the public on the Medscape website)

Decision rationale: The available medical records do not provide sufficient information regarding the medical necessity for cervical spine surgery. The criteria listed in the MTUS were not described. These would include such things as instability and neurologic deficits with clear etiology demonstrated on imaging and electrodiagnostic testing. These criteria were not described. Since the medical necessity for surgery was not clearly described in the available records, any associated services such as an anesthesia consultation are not medically necessary.

OPHTHALMOLOGY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 416-430.

Decision rationale: The medical records do not contain any of the results of evaluations regarding the need for an ophthalmology consultation. The treating physician did not provide enough information to support an ophthalmologic diagnosis. The MTUS provides a detailed description for evaluation of eye conditions. This kind of evaluation is not present in the records. The nature of an eye condition, if any, in this injured worker is not apparent. Criteria for referral to an ophthalmologist not met. The medical necessity for this consultation is not present per the available records. Therefore the request is not medically necessary.

CARPAL TUNNEL CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 264-265, 270.

Decision rationale: The treating physician has not defined what is meant by a "carpal tunnel consultation". This may be a surgical consultation, in which case the criteria for surgery would need to be outlined. These criteria are not present per the available records. The MTUS, ACOEM Guidelines 2nd Edition, provides specific indications for carpal tunnel release. Clinical findings of carpal tunnel syndrome must be present along with positive NCV prior to any surgery. Per the MTUS, carpal tunnel syndrome clinical testing may include: administration of a Katz hand diagram, Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and the square wrist sign. This patient does not have both the relevant clinical findings of carpal tunnel syndrome as well as a positive NCV. The actual results of the multiple electrodiagnostic testings were not provided, and the listed results per the various reports in the record refer to possible carpal tunnel syndrome as well as some other form of peripheral neuropathy. Page 270 of the ACOEM Guidelines 2nd Edition recommends surgical consultation only after failure to respond to conservative care. Possible treatment for carpal tunnel syndrome includes splinting, injection with steroid, medications, work modifications, and exercises (see pages 264-5). In this case there is no record of such conservative care prior to the recommendation for surgery. Carpal tunnel release is not medically necessary based on the MTUS, assuming that the referral is for this kind of surgery. If the referral is for some other aspect of a possible carpal tunnel syndrome, the treating physician will need to define what that might be, as it is not clear from the records. Therefore the request is not medically necessary.

ORTHOPEDIC CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS, ODG

Decision rationale: The treating physician has only minimally addressed the need for an orthopedic consultation for the shoulder. The records from other physicians show ongoing shoulder pain with treatment that has included physical therapy and injection. There is very limited shoulder range of motion now. The MTUS provides criteria for orthopedic surgical referral, including ongoing signs and symptoms after conservative care. This injured worker probably meets this standard based on the available records. The referral is medically necessary. The Utilization Review is overturned, as the Utilization Review did not address the specific MTUS criteria and the specific information in the medical records. Therefore the request is not medically necessary.

NEUROMUSCULAR SPECIALIST FOLLOW-UP: 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 UpToDate, Adult muscular dystrophies

Decision rationale: The available records do not contain enough information about the need for referral to a "neuromuscular specialist" for treatment of a muscular dystrophy. None of the records regarding any possible muscular dystrophy were provided. The specific indications for any treatment were not discussed. The physical findings and history listed by the treating physician are not sufficient to establish the diagnosis of a muscular dystrophy or the need for any treatment. Although there may be medical necessity for this referral, the medical necessity cannot be determined with the available records. The UpToDate reference cited above discusses the various forms of adult muscular dystrophy. None of the necessary information regarding diagnosis and treatment is included in the available records. Therefore the request is not medically necessary.