

Case Number:	CM13-0042809		
Date Assigned:	12/27/2013	Date of Injury:	03/16/2010
Decision Date:	02/21/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 51-year-old female who reported an injury on 03/16/2010. The mechanism of injury was not provided for review. The patient reportedly sustained injury to the right shoulder, bilateral knees, and bilateral elbows. Previous treatments included right shoulder arthroscopy, physical therapy, a home exercise program, the use of a TENS unit, Synvisc injections, medications, and splinting of the bilateral elbows. The patient's most recent clinical examination findings revealed tenderness to palpation over the subacromial region with decreased range of motion. The clinical documentation also indicates that the patient previously participated in approximately 10 weeks of a Weight Watchers program with documented weight loss. The patient's treatment plan included continuation of a home exercise program, participation in an additional 10 weeks of the Weight Watchers program, continued home care, and authorization of an MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Watcher's Program (weeks) QTY: 10.00: 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 Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications

Decision rationale: The requested Weight Watcher's Program (weeks) QTY 10.00 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously participated in this type of program with good results. The Official Disability Guidelines support the use of supervised weight loss programs for patients who have failed to self-manage nutrition and exercise programs. The clinical documentation submitted for review does provide evidence that the patient has been participating in a home exercise program. There is no documentation that the patient transitioned into any type of self-managed nutritional program and continues to require supervision. Therefore, the requested Weight Watcher's Program (weeks) QTY 10.00 is not medically necessary or appropriate.

Home Health Care 3 hrs/day QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The requested Home Health Care 3 hrs/day QTY 18.00 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient requires assistance with the management of household duties. However, the California Medical Treatment Utilization Schedule does not consider homemaker services like shopping, cleaning, laundry, and personal care medical treatment. Additionally, the California Medical Treatment Utilization Schedule recommends home health services for patients who are homebound on a part time or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the patient is considered homebound. Therefore, the requested Home Health Care 3 hrs/day QTY 18.00 is not medically necessary or appropriate.