

Case Number:	CM13-0050942		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2012
Decision Date:	07/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 56 year old female who reported an injury on an unspecified date due to stress. On 03/04/2013 the injured worker reported problems with elevated blood pressure and cardiac issues. It was also noted that she had complaints of poor memory, depression, uncontrollable naps, anxiety and poor sleep. A physical exam showed that she weighed 215 pounds, body mass index of 34, blood pressure is 161/91, regular cardiovascular rate and rhythm without murmur, gallop or click, and there was no evidence of cyanosis or edema. Her diagnoses included obesity in part industrially related estimated at approximately 25 pounds, Hypertension presumed in part industrially related, status post right ventricular outflow tract ablation for possible ventricular bigeminy not industrially related, and hyperlipidemia in 1991 not industrially related. Past treatment was noted to be medications. Medications were listed as Ibuprofen (Motrin) 800 mg tablets 1 tablet every 8 hours as needed for pain. The treatment plan is for a one year [REDACTED] membership. The request for authorization was not submitted for review. The rationale was to address the portion of her weight gain which is industrially related.

IMR ISSUES, DECISIONS AND RATIONALES

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

A ONE YEAR [REDACTED] MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise
Page(s): 46,47.

Decision rationale: Lifestyle modification is recommended as first line interventions. Per California MTUS Guidelines a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise program. The documentation provided indicated that the weight gain of approximately 25 pounds was due to work related stress. The injured worker had a body mass index of 34 indicating that she was obese. However, there is no documentation stating that the injured worker had tried a home diet and exercise program or any other self-induced methods of losing weight. Therefore, the request is not medically necessary and appropriate.