

Case Number:	CM13-0058830		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2013
Decision Date:	05/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 Family Practice and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 01/14/2013 due to a slip and fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included multiple medications and physical therapy. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/08/2013. It was documented that the injured worker had gained over 22 pounds since the date of injury even though he was on a strict 1500 calorie a day diet. Objective findings included a slow antalgic gait with restricted cervical spine range of motion secondary to pain, tenderness to palpation of the right subacromial shoulder joint with decreased range of motion and a positive impingement test, and restricted range of motion of the lumbar spine with tenderness to palpation of the paravertebral musculature with a positive straight leg raising test and decreased sensation in the L5-S1 dermatomes. The injured worker's diagnoses included right lumbar radiculopathy, cervical spine pain with probable disc injury, and right shoulder internal derangement. The injured worker's treatment plan included a surgical consult for the lumbar and cervical spine, a surgical consult for the right shoulder, a [REDACTED] program, and physical therapy for the lumbar spine for 8 sessions due to a flare-up of pain and continued medications to include tizanidine, Ultram and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: 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 Modifications

Decision rationale: The requested [REDACTED] is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this issue. Official Disability Guidelines recommend a supervised weight loss program when patients have failed to lose weight with self-directed and self-managed methods. The clinical documentation does indicate that the injured worker has adhered to a strict 1500 calorie diet and continued to gain weight. Therefore, the need for a supervised weight loss program may be appropriate. However, the request as it is submitted does not clearly identify a duration or frequency of treatment. There is no documentation of weight loss goals to determine the efficacy of a weight loss program. As such, the appropriateness of the request cannot be determined.

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5,

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

Decision rationale: The requested physical therapy twice a week for 4 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously participated in physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels established during skilled physical therapy. The clinical documentation as it is submitted did not provide any evidence that the injured worker was currently participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate to re-assess and re-establish a home exercise program. However, the requested additional 8 visits are excessive. As such, the requested physical therapy twice a week for 4 weeks is not medically necessary or appropriate.