

Case Number:	CM13-0059709		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2012
Decision Date:	04/10/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/02/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, upper arm, and wrist pain reportedly associated with an industrial injury of February 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of November 27, 2013, the claims administrator certified a psychiatry consultation partially certified three months of proposed 12 month gym membership, partially certified three months of proposed 12-month [REDACTED], and denied a urine drug screen. The applicant's attorney subsequently appealed. A clinical progress note of October 29, 2013 is notable for comments that the applicant is severely obese, is a former cook, is alleging pain secondary to cumulative trauma at work and reports multifocal 1 to 2/10 shoulder, wrist, and elbow pain. The applicant is depressed. The applicant attributes his weight gain to working as a cook because he has the ability to apparently eat at all times. The applicant is apparently on tramadol and Motrin. He only stands 5 feet 2 inches tall and weighs 422 pounds. His blood pressure is 162/93. He is described as severely obese and having ongoing issues with shoulder, elbow, and wrist pain status post carpal tunnel release surgery in 2012. He is also having depression, anxiety and sleep apnea. A one-year gym membership and a Weight Watchers Program are sought. It is stated that it will be dangerous for the applicant to return to work as a cook as he would likely gain further weight if he does so. He is therefore placed off of work, on total temporary disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, applicants are responsible for assuming "certain responsibilities" which include adhering to "exercise and medication regimens." In this case, the gym membership being sought by the attending provider is, per ACOEM, considered an article of applicant responsibility as opposed to a matter of medical necessity. Therefore, the request is not certified, on independent medical review.

12 MONTH WEIGHT REDUCTION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted in MTUS 9792.20j, nationally recognized guidelines promulgated by a national organization with affiliates in two or more states can be employed when the MTUS does not address the topic as is the case here. The MTUS does not address the topic of weight reduction medications and programs. As noted by ██████, a nationally recognized organization with affiliates in multiple states, weight loss programs are medically necessary, in the applicant's with a BMI greater than or equal to 27 and comorbidities such as coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes, who have tried and failed to lose weight through a conventional dieting, exercise, and other behavioral modifications. In this case, the applicant has, indeed, tried and failed to lose weight through conventional means. He has some sort of eating disorder, the attending provider has further postulated. A weight loss program is indicated. Given the applicant's severe obesity with weight over 400 pounds, it is likely that a lengthier weight loss program on the order of that proposed by the attending provider will be needed here. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

BRINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing Topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter urine drug testing topic, attending provider should clearly state which drug tests and/or drug panels he intends to test for along with any request for authorization for testing. An attending provider should also state whether drug testing is being performed randomly for 'for cause.' An attending provider should state which drug tests and/or drug panels he is planning to test for and clearly identify an applicant's complete medication profile. In this case, however, the attending provider did not provide the applicant's complete medication list along with the request for testing. The attending provider did not clearly state which medications the applicant was in fact using as of the date of the request. The attending provider did not, in short, meet ODG criteria for pursuit of urine drug testing. Therefore, the request remains not certified, on independent medical review.