

Case Number:	CM14-0006235		
Date Assigned:	01/22/2014	Date of Injury:	05/22/2012
Decision Date:	07/07/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/16/2014

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 Internal 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:

A follow up exam documented the patient with complaints of left shoulder pain which he rates at 10/10. The pain is constant and radiates into the left arm, left elbow, left fingers, left forearm, left hand, left wrist and neck. His left wrist pain is rated 5/10 and he has decreased range of motion and weakness. He occasionally has right wrist pain rated 6/10 with decreased range of motion, numbness and tingling. He has constant left posterior neck pain rated 10/10 that radiates into the left shoulder blade and right shoulder blade. The pain is relieved by medication. There is decreased range of motion, stiffness and tightness. He has constant pain in the upper back on the left rated 10/10 on pain scale. This condition effects on the patient are decreased range of motion and tightness. He complains of insomnia due to the left shoulder pain that keeps him awake at night. Objective findings on examination reveal the patient's weight is 235 pounds and he is 5'9 inches tall. The range of motion of the cervical spine is decreased in all planes. The range of motion in the wrist is decreased in all planes. Examination of the cervical spine reveals orthopedic tests were positive. Shoulder depressor was positive on the left and right. Shoulder examination revealed positive Apprehension on left, Hawkins-Kennedy on left, Speed's test on left and empty can test on the left. Examination of the wrists reveals tenderness on the right returned a positive response for Tinel's. Phalen's test was positive on the right. Diagnoses: Post op left shoulder, Wrist tenosynovitis bilateral, Shoulder tenosynovitis, Cervicalgia, Cervical muscle spasms, Thoracalgia, Thoracic myalgia/myositis, and probably post traumatic insomnia. Management Plan: The patient's oral medications have not been adequate for pain control. I prescribed today Percocet and metropolol. The patient's orthopedic specialist has recommended that A follow up exam documented the patient with complaints of left shoulder pain which he rates at 10/10. The pain is constant and radiates into the left arm, left elbow, left fingers, left forearm, left hand, left wrist and neck. His left wrist pain is rated 5/10 and he has decreased

range of motion and weakness. He occasionally has right wrist pain rated 6/10 with decreased range of motion, numbness and tingling. He has constant left posterior neck pain rated 10/10 that radiates into the left shoulder blade and right shoulder blade. The pain is relieved by medication. There is decreased range of motion, stiffness and tightness. He has constant pain in the upper back on the left rated 10/10 on pain scale. This condition effects on the patient are decreased range of motion and tightness. He complains of insomnia due to the left shoulder pain that keeps him awake at night. Objective findings on examination reveal the patient's weight is 235 pounds and he is 5'9 inches tall. The range of motion of the cervical spine is decreased in all planes. The range of motion in the wrist is decreased in all planes. Examination of the cervical spine reveals orthopedic tests were positive. Shoulder depressor was positive on the left and right. Shoulder examination revealed positive Apprehension on left, Hawkins-Kennedy on left, Speed's test on left and empty can test on the left. Examination of the wrists reveals tenderness on the right returned a positive response for Tinel's. Phalen's test was positive on the right. Diagnoses: Post op left shoulder, Wrist tenosynovitis bilateral, Shoulder tenosynovitis, Cervicalgia, Cervical muscle spasms, Thoracalgia, Thoracic myalgia/myositis, and probably post traumatic insomnia. Management Plan: The patient's oral medications have not been adequate for pain control. I prescribed today Percocet and metropolol. The patient's orthopedic specialist has recommended that the patient be enrolled in a weight loss control program as he has gained 30+ pounds. In a UR report dated 01/07/2014 did not certify the request for referral to dietician or weight loss specialist. Based on a review of the current medical file, the PTP has not documented how the injured workers work related injuries relate to a request for a weight control program. There is no documented weight on the objective exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO DIETICIAN OR WEIGHT LOSS SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAM AND CONSULTATION/INTRODUCTION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503.

Decision rationale: As per CA ACOEM guidelines recommend referral to other specialists to aid in diagnosis, management, or prognosis of medical conditions. The clinical documents provided do not establish the duration of obesity or prior therapies that have been attempted to assist with weight loss. The documents do not sufficiently discuss the weight loss program and if the patient has attempted prior weight loss programs in the past. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.