MAXIMUS Federal Services

Case Number:	CM14-0103131		
Date Assigned:	07/30/2014	Date of Injury:	08/01/2008
Decision Date:	10/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family 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 injured worker is a 56 year old female whose date of injury is 08/01/2008. The mechanism of injury is described as packing a desk. Diagnoses include bilateral shoulder bursitis with impingement, bilateral knee and hip degenerative joint disease, bilateral sacroiliac joint dysfunction, left ankle arthralgia with second toe recent contusion, cervical strain, left shoulder contusion, left shoulder edema and strain, AC joint change and SLAP lesion, left cubital tunnel syndrome. Treatment to date includes L5-S1 surgery in 1998 and 2008, L4-S1 fusion with L3-4 artificial disc replacement on 10/11/10, sacroiliac joint injections, physical therapy, Orthovisc injections, bracing, individual psychotherapy, aquatic therapy and medication management. Follow up note dated 06/03/14 indicates that the patient has lost 30 pounds and has dropped two dress sizes since initiating aqua therapy at the [redacted]

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month participation in a [redacted] program between 6/16/14 and 9/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [redacted] clinical policy bulletin, Weight Reduction Medications and Programs

Decision rationale: The prior request was denied on the basis that the patient's current weight and BMI were not specified in the most recent evaluation report provided. The specific components of the prescribed program, as well as the proposed treatment goals were not delineaetd. Failure of self-directed weight loss measures was not objectively demonstrated to warrant involvement with a formal program at this juncture. There is insufficient information to support this request. The injured worker's BMI is not quantified. There is no indication that independent diet and exercise have been tried and failed. There are no measurable objectives and goals provided. Therefore, the request is not medically necessary.