

Case Number:	CM14-0106747		
Date Assigned:	07/30/2014	Date of Injury:	02/29/2012
Decision Date:	09/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 licensed in Acupuncture and Chiropractic 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 42 year old female who reported right shoulder, head and face pain from injury sustained on 02/29/12 after walking into a pole. There were no diagnostic imaging reports. Patient is diagnosed with polyarthritis or poly arthropathy and carpal tunnel syndrome. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 05/07/14, patient complains of right shoulder pain with continues stiffness. Pain level is unchanged since the last visit. In addition to pain, patient complains of weigh 323 lbs and needs to reduce her weight prior to surgery. Per medical notes dated 06/05/14, patient complains of increased right shoulder pain in front and side of the shoulder. She continues to have stiffness in her right shoulder. Pain level is unchanged since last visit. Examination revealed paravertebral muscle spasm, tenderness and tight muscle band is noted on the right side. Patient is a candidate for right shoulder arthroscopic surgery with subacromial decompression. Patient is referred for weigh loss program with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program with acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Life Style changes.

Decision rationale: Recommended as first-line interventions, lifestyle (dietary and exercise) modifications are essential for all patients with diabetes. Reduction of obesity and an active lifestyle can have major benefits. Medical nutritional therapy must be individualized, with insulin dosage adjustments to match carbohydrate intake, high glycemic index food limitations, adequate protein intake, heart healthy diet use, weight management, and sufficient physical activity. MTUS guidelines do not address weight loss. Per ODG guidelines recommend supervised weight loss program after a patient has failed to report to self-managed, self-directed program and requires supervision of exercise and nutritional intakes. The medical records reviewed did not document such prior efforts. Medical notes submitted fail to meet the guidelines for the request. Per guidelines and review of records, acupuncture for weight loss is not medically necessary.