

Case Number:	CM14-0010521		
Date Assigned:	04/02/2014	Date of Injury:	09/22/2003
Decision Date:	07/22/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine & Rehabilitation 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 patient is a 52-year-old female who has submitted a claim for cervical sprain/strain, mild cervical discopathy, lumbar sprain/strain, mild lumbar discopathy, lumbar facet arthropathy, hand joint pain, bilateral carpal tunnel syndrome, right knee pain, and depression; associated with an industrial injury date of 09/22/2003. Medical records from 07/01/2013 to 12/16/2013 were reviewed and showed that patient complained of pain and discomfort in the right knee and lower lumbar spine, and upper extremity numbness and tingling. Physical examination showed that patient was somewhat obese. There was tenderness and limited range of motion in the lower lumbar spine. Crepitus was noted in the bilateral knees. Tinel's sign was positive. Motor testing was normal. Sensation was decreased in the left hand. The treatment to date has included medications and Vitamin B12 injections. Utilization review, dated 01/08/2014, denied the request for AppTrim because the BMI was not indicated, and there was no discussion or indication provided for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPTRIM #120 ON DATE OF SERVICE 12/16/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical foods.

Decision rationale: The California MTUS does not address medical food specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods must be used under medical supervision. In this case, the patient was prescribed Apptrim on December 16, 2013 for dietary management of morbid obesity. However, there has been no discussion concerning lifestyle related changes and failure of previous attempts at weight loss or specific nutritional needs that is addressed by Apptrim. Therefore, the retrospective request for Apptrim #120 is not medically necessary.