

Case Number:	CM14-0017161		
Date Assigned:	04/14/2014	Date of Injury:	01/04/2000
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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:

The injured worker is a 72-year-old male who reported an injury on 01/04/2000. The mechanism of injury was not stated. Current diagnoses include weight gain of 30 pounds, discogenic lumbar condition, hip joint inflammation with gluteal muscle tears bilaterally, rotator cuff partial tear, right ankle sprain, internal derangement of the left knee, internal derangement of the right knee, and elements of sleep and stress issues and constipation. The injured worker was evaluated on 01/14/2014. The injured worker has been previously treated with knee braces. Physical examination revealed tenderness along the joint line bilaterally, weakness and 115 degrees of abduction bilaterally. Treatment recommendations included a [REDACTED] program, 6 months of a pool program in a gym and prescriptions for Norco, glucosamine chondroitin, Metamucil and Bengay Ultra Strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT REDUCTION PROGRAM: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The MTUS Chronic Pain Guidelines state that functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic conditions. Independent self management is the long-term goal of all forms of functional restoration. As per the documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. There was also no body mass index provided for review. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.

METAMUCIL 48.2OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Chronic Pain Chapter.

Decision rationale: The MTUS Chronic Pain Guidelines state that prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state that opioid-induced constipation treatment is recommended. First-line treatment includes increasing physical activity, maintaining appropriate hydration and advising the patient to follow a proper diet. There was no documentation of a failure to respond to first-line treatment as recommended by the Official Disability Guidelines. As such, the request is not medically necessary and appropriate.

BENGAY ULTRA STRENGTH ONE TUBE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. There was no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There was also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

POOL PROGRAM IN A GYM FOR 6 MONTHS: 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).

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

Decision rationale: The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective, and there is a need for equipment. The injured worker does not meet the criteria as outlined by the Official Disability Guidelines for the requested service. There was no indication that this injured worker has failed to respond to a home exercise program. There was also no indication that this injured worker requires specialized equipment. As such, the request is not medically necessary and appropriate.