

Case Number:	CM14-0018286		
Date Assigned:	04/21/2014	Date of Injury:	09/19/2012
Decision Date:	07/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for cervicothoracolumbar strain, lumbosacral stenosis, right shoulder impingement syndrome and bursitis, moderate left knee osteoarthritis, bilateral carpal tunnel syndrome, moderately severe left peroneal nerve neuropathy and obesity associated with an industrial injury date of September 19, 2012. Treatment to date has included oral and topical analgesics, left knee injection, acupuncture, home exercise program, physical therapy and yoga therapy. Medical records from 2013 to 2014 were reviewed and showed bilateral shoulder pain graded 6/10 and left knee pain. The patient is status post left knee injection with improvement noted. Physical examination showed tenderness over the cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles and knees bilaterally. There was limitation of motion of the right shoulder, cervical, thoracic and lumbar spine. Bilateral shoulder cross arm, Neer's, and Hawkin's tests were positive. A progress report on July 26, 2013 discussed the patient's job description. The patient works 8 hours a day, 40 hours a week as an interpreter inside the court rooms and in lock up. She sits and stands at will and does not do any heavy lifting, pushing and pulling activities. The current work status of the patient was not discussed. Moreover, a weight loss program was being suggested as the patient is morbidly obese (BMI 48.4). Utilization review dated February 3, 2014 denied the request for functional capacity evaluation because there is limited evidence of the patient's job requirements/job physical demand level. There was also no report of prior unsuccessful return to work attempts. The request for [REDACTED] weight loss program was also denied however; reason for denial was not made available due to a missing page of the submitted report.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

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

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), 2ND EDITION, (2004), CHAPTER 7, PAGES 132-139.

Decision rationale: According to pages 132-139 of the ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the efficacy of this test is still questionable and there was no discussion regarding the indication for a functional capacity evaluation and whether this will be crucial to the management of the patient. Also, the current work status of the patient was not discussed. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Citation For Weight Loss Program: Medical Disability Adviser By Presley Reed, Md. Obesity.

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: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

Decision rationale: The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient is morbidly obese with a BMI of 48.4. The reports did state that the patient was having a hard time trying to

lose weight, however there was no objective evidence that of trial and failure of a weight loss regimen such as lifestyle modification. Also the documents did not show comorbidities. Therefore, the request for [REDACTED] weight loss program is not medically necessary.