MAXIMUS Federal Services

Case Number:	CM14-0110616		
Date Assigned:	08/01/2014	Date of Injury:	03/09/2009
Decision Date:	09/03/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/15/2014

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 Practice and is licensed to practice in Texas and Georgia. 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 41-year-old male who reported an injury on 03/09/2009. The mechanism of injury was not provided for clinical review. The diagnoses included GERD, abdominal pain, medication-induced gastritis, obesity, fatigue, and taking high risk medication. Previous treatments included medication. Within the clinical note dated 12/20/2013, it was reported the injured worker complained of right knee pain and left knee pain. The injured worker complained of weight gain. The provider noted the injured worker needs basic nutrition education, encouragement, and motivational support to reach goals. The provider noted the injured worker will benefit from understanding the role of food quality and nutritional quality for weight loss and weight maintenance, nourishment, and disease prevention. The request submitted is for a nutritionist consult. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nutritionist Consult (retrospective Date of service 12/20/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 6.

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), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for Nutritionist Consult (retrospective Date of service 12/20/13) is non-certified. The injured worker complained of excessive weight gain and right and left knee pain. The California MTUS/American College of Occupational and Environmental Medicine Guidelines state that consultation is intended to aid in assessing the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss or examinee's fitness for return to work. The request submitted failed to provide the number of visits the provider requested. The provider failed to document a complete physical examination. The provider's rationale for the request was not provided for clinical review. Therefore, the request is non-certified.