

Case Number:	CM14-0111106		
Date Assigned:	08/01/2014	Date of Injury:	11/06/2012
Decision Date:	09/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 and 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 injured worker is a 36-year-old male with a reported date of injury on 11/06/2012. The injury reportedly occurred when the injured worker was trying to break up a fight. His diagnoses were noted to include lumbosacral radiculopathy, pes anserinus tendinitis or bursitis, Achilles tendinitis or bursitis. His previous treatment was noted to include chiropractic treatment and physiomodalities. The progress note dated 06/04/2014 revealed complaints of back and leg pain. The injured worker revealed he had had 24 sessions of chiropractic treatment and still complained of lower back and leg pain. The provider indicated the injured worker was significantly overweight, at such he was more than 100 pounds overweight. The provider indicated the injured worker had only received chiropractic treatment and physiomodalities, and requested physical therapy for the lower back, right knee, and right ankle, and the injured worker was complaining of swelling and difficulty ambulating. The Request For Authorization form was not submitted within the medical records. The request was for a weight loss program to attempt to reduce 100 pounds and physical therapy 3 times per week x 4 weeks for the lumbar spine, right knee, and right ankle for swelling and difficulty ambulating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Upheld

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

<http://www.ncbi.nlm.nih.gov/pubmed/15630109> Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States.

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: Lawrence J. Appel, M.D.(2011), Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice. The New England Journal of Medicine, 365(21), pages 1959.

Decision rationale: The request for a weight loss program is not medically necessary. The injured worker is noted to be 100 pounds overweight. "In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months." There is a lack of documentation of previous attempts at weight loss that have failed. There is a lack of documentation regarding the length of time and frequency of the weight loss program. Therefore, due to the lack of documentation regarding previous weight loss attempts and the frequency at which the injured worker is to attend the weight loss program, a weight loss program is not appropriate at this time. Therefore, the request is not medically necessary.

Physical Therapy 3 per Week x 4 Weeks for Lumbar Spine, Right Knee, and Right Ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 3 times per week x 4 weeks for the lumbar spine, right knee, and right ankle is not medically necessary. The injured worker has received previous chiropractic treatment sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9-10 visits over 8 weeks. There is a lack of documentation regarding current measurable functional deficits and quantifiable objective functional improvements from previous chiropractic treatment. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

