

Case Number:	CM14-0129891		
Date Assigned:	08/20/2014	Date of Injury:	08/21/2006
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 60 year old female who suffers from asthma, chronic sinusitis, sleep disorder, and allergic rhinitis. The records indicate that the injured worker had split polysomnogram on 02/01/11. The clinical note dated 02/02/14 reported that the injured worker has been under care for the last 2 years in regards to her left hip symptoms. Current medications included Meloxicam and Motrin for pain and Robaxin for chest and back pain with associated muscle spasms. The clinical note dated 04/02/14 reported that the treating physician requested a copy of the injured worker's sleep study, as he did not wish to repeat this study. The injured worker was doing okay with the current medication regimen, but reported intermittent diarrhea. BMI was listed at 38. The mechanism of injury was cumulative trauma while performing her usual and customary duties as a registered environmental health specialist. The most recent clinical note dated 07/16/14 is a progress report that noted the injured worker did not get her c-pap machine. She is still frustrated by all this, her breathing has been okay, but sometimes she gets congested. Physical examination noted pharynx clear; clear to percussion and auscultation with no rales, wheezes, or ronchi; S1 and S2 are normal with no murmurs, gallops, or rubs heard; abdomen soft, non-tender with no masses; bowel sounds are normal; no cyanosis, clubbing, or edema in the extremities; no calf tenderness; pulses normal; no lateralizing signs neurologically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation by orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM, chapter 7, Independent Medical Examinations and Consultations

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, Office visits

Decision rationale: The request for an evaluation by an orthopedic surgeon is not medically necessary. The previous request was denied on the basis that there are no specific orthopedic symptoms and/or findings documented suggestive of the need for additional evaluation by orthopedics at this time and no rationale identifying the medical necessity of the request as being presented. Given the above, the request was not deemed as medically appropriate. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs, and symptoms, medical stability, and reasonable physician judgment; however, as previously mentioned, there was no additional significant objective clinical information provided that would indicate any orthopedic deficiencies. The injured worker's diagnosis is asthma. Given this, the request for an evaluation by an orthopedic surgeon is not indicated as medically necessary.

Enrollment in 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>

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:Weight Reduction Medications and Programs Number: 0039

Decision rationale: The previous request was denied on the basis that the documentation does not clearly identify a treatment log demonstrating failure of weight loss despite adherence to an independent program of dietary counseling, behavior modification, caloric restriction, increased activity, etc. The injured worker's body mass index is currently 37 and the provider has noted that medication for weight loss has been very effective in the past. Given all of the above, as it appears that the injured worker has had success with other forms of weight loss in the past and these have not been exhausted prior to consideration for a weight loss program, the request was not deemed as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for enrollment in a weight loss program is not indicated as medically necessary.