MAXIMUS Federal Services

Case Number:	CM14-0020693		
Date Assigned:	04/30/2014	Date of Injury:	04/29/1993
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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:

Patient is a 64 year-old female with date of injury 04/29/1993. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 11/19/2013, lists subjective complaints as low back pain with radicular symptoms to lower extremities, bilaterally. Patient wears compressive stockings on both legs and feet, causing difficulty walking, resulting in a flare-up of the lower back. Patient uses two canes to walk with extremely limited ambulation without the use of the canes. Objective findings: Examination of the lower extremities revealed slight to moderate swelling of the left lower leg with moderate limitation of range of motion of the left knee. There was moderate tenderness of the left femoral triangle. Diagnosis: 1. Lumbar discogenic pain with radiculopathy; 2. History: left shoulder surgery; bilateral knee injury; 3. Entrapment syndrome, left femoral triangle. The medical records provided for review document that the patient has completed greater than 24 sessions of chiropractic to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDICAL WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Weight Reduction Medications and Programs, Number: 0039.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs was referenced in regard to the request. This policy is supported by NHLBI Guidelines on Diagnosis and Management of Obesity. Aetna considers the following medically necessary treatment of obesity when criteria are met: 1.Weight reduction medications, and; 2.Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. Therefore, the request for Medical Weight Loss Program is not medically necessary.

4 SESSIONS OF CHIROPRACTIC MANIPULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The request is for 4 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The patient has completed more than 24 visits of chiropractic with no documentation of functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. Therefore, the request of Four Sessions of Chiropractic Manipulation is not medically necessary.

1 HOME WATER THERAPY SPA TO INCLUDE CONCRETE PAD AND PAYMENT FOR MONTHLY HEATING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The necessity of having a personal hot tub or spa to perform aquatic therapy is not supported by the MTUS. Medical records indicate that the patient has participated in aquatic therapy with little or no improvement in her functional capacity. Although evidence-based guidelines recommend aquatic therapy, they do not recommend a specific place or location and nowhere in the Guides is it recommended or suggested that personal equipment should be provided to perform aquatic therapy. Therefore the request for Home Water Therapy Spa to Include Concrete Pad and Payment for Monthly Heating is not medically necessary.