

Case Number:	CM14-0030004		
Date Assigned:	06/20/2014	Date of Injury:	03/23/2005
Decision Date:	08/25/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 patient is a 44 year old female who was injured on 03/23/2005, due to cumulative trauma. She is followed for TOS and bilateral wrist/hand complaints. The patient has undergone left ulnar release and left CTR on 5/4/2012, left Guyon's release (date not provided), and right CTR and right Guyon's release (dates not provided.) Treatment to date has also included medications, physical/occupational therapy, multiple trigger point injections, cortisone injection, ergonomic chair, H-Wave unit, and braces. The patient was seen for follow up with PTP, [REDACTED] on 1/23/2014. She is almost 9 years post cumulative trauma injury to her neck, upper back, and both upper extremities related to poor ergonomics at work. She is 1 years post left elbow ulnar nerve transposition, left CTR and left Guyon's canal release, which only resulted in limited relief; over 6 months post cortisone injection of left elbow and right CTR and Guyon's canal. She had an MRI/MRA/MRV, which she states was painful and caused immediate numbness and tingling in her hands from having to keep her arms in one position. She states she moved into her new home on 1/4/14, which flared all her symptoms. She complains both hands become numb, the last 3 fingers of the right and whole left hand, but she feels this is due to her recent move. Both hands also ache. She wears braces. She has difficulty raising her hands above her head. She is also still having pain in the back of the upper arms and forearms, left greater than right. When symptoms are really flared, she notices she has numbness in her legs and feet especially with sitting. She has started classes, and attends school 2 days per week, 4 hours per day, and receives extra help because of her situation. She indicates she is still trying to lose weight but not succeeding. Medications include Lyrica, Flector patches, Celebrex, and vitamin D supplements. Objective examination documents the patient is 238 lbs., BP 114/74, tender over the thoracic outlet areas greater on the left, Adson's testing causes loss of radial pulse to either side and painful paresthesias down both arms, left worse than right. Tinel's is positive over all

major peripheral nerves in the upper extremities, restricted cervical extension right/left lateral flexion, and rotation. DTRs are 2+ and symmetric at biceps and brachioradialis, absent at bilateral triceps, manual motor testing of upper extremities are symmetric and generally weak, and grip strength 16/16/14 kg right and 12/12/9 kg left. She has decreased sensation in the 5th digit bilaterally and medial aspect of the right forearm. She has good ROM of the shoulders, elbows, wrists, and hands. Examination of the low back is unremarkable; there is no guarding, she can heel/toe walk, reach her toes from standing position, and DTRs 2+ and symmetrical. MRI/MRA/MRV brachial plexus on 12/13/13 reportedly show posterior disc bulge at C6-7. Assessment: TOS, left greater than right; 2. To lesser degree her symptoms stem from disc disease at C6-7 on left; 3. S/P release of right carpal tunnel and Guyon's canal; 4. S/P anterior transposition left ulnar nerve ant elbow and release of median and ulnar nerves of left wrist; 5. Symptoms improved in lateral aspect of left elbow and radial tunnel with therapy w/o surgery; 6. Poor control of obesity, which according to [REDACTED], should be the main focus of her care over next year, along with PT; 7. Vitamin D insufficiency (non-industrial basis.); 8. Hypothyroidism, controlled with medication; 9. Anxiety and depression controlled without antidepressants. Plan is to continue Flector patches, Lyrica, Celebrex, and vitamin D supplements, advised to have general health checked by primary care physician to include routine lab studies, continue HEP, and return for follow-up in 6 weeks. Authorization is requested for Jenny Craig for 6 months, to help her lose 50 lbs.; 2. Return to physical therapy 1 week for 6 weeks. She needs to take exercise seriously in order to achieve optimal results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program times six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 Treatment of 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: Clinical Policy Bulletin: Weight Reduction Medications and Programs http://www.aetna.com/cpb/medical/data/1_99/0039.html http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/wtl_prog.html.

Decision rationale: The medical records do not document the patient's current height and BMI. In addition the medical records do not detail any attempts made by the patient to manage her weight or decrease weight on her own. The references suggest a clinician supervised weight loss program may be considered when certain criteria have been met. However, the medical records also do not establish failure to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and has BMI of at least 30. The medical necessity for consideration of a weight loss program has not been established. Furthermore, the medical records do not establish this patient is unable to adopt a low-calorie diet and exercise program on her own, which would be equally efficacious. Therefore, the request for weight loss program times six months is not medically necessary.

