MAXIMUS Federal Services

Case Number:	CM14-0032234		
Date Assigned:	03/21/2014	Date of Injury:	07/08/2008
Decision Date:	04/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 an employee of the [redacted] and has submitted a claim for thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of July 8, 2008. Treatment to date has included right total knee replacement, and opioid and non-opioid pain medications. Medical records from 2013 were reviewed showing the patient having an acute ankle sprain in December 2013 for which an emergency room visit was done. No fractures were detected during this time. The patient is described to be obese and is status post gastric bypass.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXAM AND TREAT, FOOT/ANKLE SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 7,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As stated on page 1 of the California Chronic Pain Medical Treatment Guidelines, if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. In this case, the patient recently visited the emergency room due to a sprained ankle. However, progress notes after this visit were not in the

documentation. The medical and functional status of the patient cannot be assessed without additional information. Therefore, the request for an exam and treatment by a foot.ankle specialist is not medically necessary.

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 No.0039

Decision rationale: The California MTUS does not address weight loss programs. Aetna Clinical Policy Bulletin was used as an alternative according to the Strength of Evidence hierarchy establish by the California Department of Industrial Relations, Division of Workers' Compensation. The Aetna Clinical Policy Bulletin No.0039 states that criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient was noted to be obese and is status post Roux-en-Y gastric bypass. However, there is insufficient information to document the current medical status of the patient leading up to utilization review and beyond. Therefore, the request for a weight loss program is not medically necessary.

GYM MEMBERSHIP, 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Gym Membership Section

Decision rationale: The California MTUS does not address gym memberships specifically. The Official Disabitliy Guidelines (ODG) was used as an alternate guideline according to the Strength of Evidence hierarchy establish by the California Department of Industrial Relations, Division of Workers' Compensation. The ODG foot and ankle chapter states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition treatment in stay monitored and administered by medical professionals. In this case, there is insufficient documentation regarding failure of a home exercise program and that there is specific equipment needed by the patient. Progress notes leading up to the utilization review and beyond were not available to ascertain the medical and functional status of the patient. There is also no discussion concerning

monitoring by medical professionals in this gym membership. Therefore, the request for gym membership, 1 year is not medically necessary.