

Case Number:	CM14-0078329		
Date Assigned:	07/18/2014	Date of Injury:	09/22/1987
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/28/2014

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 North Carolina. 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 62 year-old with a reported date of injury of 09/22/1987. The patient has the diagnoses of bilateral knee pain with internal derangement, cervical sprain, lumbar sprain and bilateral shoulder tendonitis. Per the progress reports dated 05-15-2014 from the primary treating physician, the patient had complaints of continued pain in the shoulders and the neck. The physical exam noted restricted range of motion with subjective numbness in both feet. Treatment recommendations included massage therapy and appeal of denial for gym and weight loss program and denial of sleep follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

F/U REM Sleep Diagnosis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM section on low back, neck and shoulder do advocate consultations for care of the patient when surgical consideration is being made, presence of red flags on physical exam and failure of conservative therapy. In this instance, the request is for

sleep disturbance and not specifically in reference to the patient's diagnoses. There is a sleep study provided for review in the documentation which shows no significant obstructive sleep apnea and no periodical limb movement disorder. In the absence of a clear cut sleep disorder diagnoses there seems to be no justification for follow up on REM sleep diagnoses and thus the request is not medically necessary and appropriate.

Gym Membership with pool, progress ROM & conditioning: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

Decision rationale: The California chronic pain medical treatment guidelines section on exercise states:Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. The California MTUS and the ODG recommend exercise be a part of the treatment plan for chronic pain. However, neither advocate gym membership over home exercise unless there is needed equipment that can only be provided outside of the home. The documented reasons (climate control, elliptical and treadmill cannot fit in home) is not adequate documentation for justification for a gym membership per guidelines and thus is not medically necessary and appropriate.

██████████ to reduce weight: 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 exercise Page(s): 46-47.

Decision rationale: The California MTUS and the ACOEM do not specifically address weight loss in the treatment of pain. The cornerstone of any weight loss is a combination of diet and exercise. The current documentation does not provide a current BMI or previous efforts and outcomes measure for weight loss including diet and exercise. There is no documentation or qualitative reasoning provided for this specific weight loss program. In the absence of such documentation the request is not medically necessary and appropriate.