

Case Number:	CM14-0085265		
Date Assigned:	07/23/2014	Date of Injury:	06/18/2013
Decision Date:	09/09/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 68-year-old female who was injured at work on 06/18/2013. She tripped on a drainage grate, twisted her right ankle, hit her right knee and her outstretched left hand on the floor. Despite treatment that included medications, physical therapy, limited duty and chiropractic care, podiatry follow up, she continued to experience pain in all the affected areas. She then had an MRI of the lumbar, left hip, right ankle and right knee. The MRI revealed labral tear, a tear of the anterior cruciate ligament, a medial and lateral meniscal tear together with tricompartmental osteoarthritis with degenerative changes. The MRI of the right ankle revealed posterior tibialis, tenosynovitis, and planter fasciitis; while the lumbar MRI revealed multilevel disc disease. She was then referred to an orthopedist. The orthopedist made a diagnosis of right medial meniscal tear, right lateral meniscal tear, right ACL/PCL (anterior cruciate ligament/posterior cruciate ligament) tear/sprain, right knee arthritis, right plantar fasciitis, left hip bursitis, left acetabular labral tear, and right tibialis tendinitis. The orthopedist made a request for nutrition consult and weight management program to help with her nutritional problems affecting her orthopedic condition. The request for Nutrition consult was denied as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Nutritionist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 3rd Edition, (2011) Work Relatedness, Online Edition, <http://apgi.acoem.org/Browser/Section.aspx?cid=12&sid=641>.

Decision rationale: Referring the injured worker for nutritional consult and weight management program would mean the injury is the cause of the weight problems. Before that can be determined, the need to know the worker's weight before and after the injury would have to be established and it was not noted in the review of the medical records. There is also a need to examine the epidemiology of similar injuries and weight problems in the general population. The documents reviewed do not have any information regarding the worker's weight changes before and after the injury, thus, I am unable to determine it was the injury that caused the weight problems. Therefore, the request for a Nutritional Consult is not medically necessary and appropriate.