

Case Number:	CM14-0188432		
Date Assigned:	11/19/2014	Date of Injury:	04/23/1999
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal 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:

The injured worker (IW) is a 52-year-old woman with a date of injury of April 23, 1999. The mechanism of injury was not documented in the medical record. Pursuant to handwritten and partly illegible Primary Treating Physician's Progress Report and Request for Authorization dated October 8, 2014, the IW complains of generalized severe pain. The pain is rated 8/10. The IW notes that the right elbow is cracking, hurting, can't lift, pull, or push anything. Norco is not helping the elbow pain. Nucynta works sometimes. She states that she can't exercise and her weight is up. Objective findings revealed a current weight of 234 pounds. Right lateral epicondyle is very tender, crepitus on extension. 14 out of 18 tender trigger points with taut bands. The IW was diagnosed with fibromyalgia, knee osteoarthritis, lumbar spondylosis, BMI: 35.58, and lateral epicondylitis. The treatment plan recommendations include; Continue Gabapentin 300mg TID. Blood draw to monitor safety of meds. Recommending physical therapy with (illegible) for right lateral epicondylitis, and weight loss program monitored by this office. The provider placed the IW off work until December 31, 2015. Review of the submitted medical records did not reflect prior PT to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Right Elbow 2x6 weeks (12 Sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy right elbow two times per week for six weeks (12 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines provide frequency and duration based on specific diagnoses. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the year of injury is 1999. The injured worker has undergone physical therapy of other regions. There is no documentation of prior elbow physical therapy the medical record. The injured worker did have an ultrasound and x-ray of the elbow December 2012. The guidelines state into worker should have a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing physical therapy. The requesting physician ordered 12 sessions of physical therapy to the affected elbow. Consequently, physical therapy right elbow two times per week for six weeks (12 sessions) is not medically necessary.

Weight Loss Program Once a Month for 1 (one) year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0039.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Www.Aetna.com/cpb/medical/data/1_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html)

Decision rationale: Pursuant to the Aetna guidelines, the weight loss program once a month for one year is not medically necessary. Many Aetna plan benefit descriptions specifically exclude services and supplies for/or related to treatment of obesity or for diet and weight control. See attached link for details. In this case, the injured worker is being treated for knee complaints, back complaints and elbow complaints. There is no discussion in the medical record as to how obesity is causally related to the industrial injury. Medical record indicates the injured worker has difficulty exercising and that the patient "can't exercise due to her weight", however, the record does not discuss traditional dietary modification to facilitate weight loss. Consequently, the request for a weight loss program once a month for one year is not medically necessary.