

Case Number:	CM14-0188646		
Date Assigned:	11/19/2014	Date of Injury:	07/08/2012
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
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 Family Medicine, and is licensed to practice in New Jersey and New York. 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 30 year-old male who injured his foot on 7/8/12 due to repetitive movements. He complained of feet and ankle pain. A 3/2014 MRI showed a small joint effusion at the tibiotalar and subtalar region. He had gained 100 pounds due to his disability. He was diagnosed with possible plantar fasciitis, peripheral neuropathy, and tarsal tunnel syndrome. His treatment included 10 sessions of physical therapy with improvement, chiropractic treatment, cortisone injections, orthotics, ankle brace, and medications (opioids, anti-inflammatories, and muscle relaxants). The current request is for [REDACTED] weight loss program, electrodiagnostic testing, and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] three month weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article "Evaluation of the Major Commercial Weight Loss Programs," from the Annals of Internal Medicine, Volume 142, pages 1 - 42, by A. G. Tsai and T. A. Wadden, as well as the article "Obesity and Recovery from Low Back Pain: A Perspective Study to Investigate the Effect of Body Mass Index on Recovery from Low Back Pain, by Mangawi J, Giles C, Mullins M.

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: USPSTF Screening for and management of obesity in adults, Annals of Internal Medicine

Decision rationale: The request for the [REDACTED] weight loss program is not medically necessary. The patient has gained 100 pounds due to his disability. Weight loss will be essential to his recover as increased weight will put unnecessary strain on his ankles and feet. However, the use of a weight loss program is not addressed in any guidelines found in MTUS or ODG. According to USPSTF, a weigh loss program would aid the patient however, one program has not been shown to be more effective than others. The patient can also receive care through his primary care physician, dietician, and changing his diet and lifestyle. Therefore, the request is considered not medically necessary.

EMG/NCV to the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The request is considered medically necessary. EMG/NCV are recommended to evaluate potential radiculopathy. The patient has ankle and foot pain and complains of numbness and tingling with documentation of decreased sensation. No dermatomes were specified. The patient was thought to have tarsal tunnel syndrome with positive Valleix sign therefore the request is considered medically necessary for evaluation of potential neuropathy.

Additional physical therapy to the bilateral feet and anklen, three times weekly for four weeks: Upheld

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

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

Decision rationale: The request for additional physical therapy is not medically necessary. The patient has already received 10 sessions of physical therapy with improvement in function and pain. Another 12 sessions is not warranted and would exceed the maximum number of recommended sessions as per MTUS guidelines. The patient should be transitioned to a home exercise program at this point. Therefore, the request is considered not medically necessary as stated.