

Case Number:	CM14-0191950		
Date Assigned:	11/24/2014	Date of Injury:	10/16/2013
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 58 year old female who was injured at work on 10/16/2013. She is reported to be complaining of lower back pain that radiates down the right lower extremity; left wrist pain and weakness in the left knee. The physical examination revealed tenderness of the left wrist, positive Tinel's and Phalen's tests; decreased range of motion of the left wrist; decreased lumbar range of motion; tenderness, spasms and guarding of the lumbar region. Electro-diagnostic studies were normal. The worker has been diagnosed of Lumbar sprain/strain, thoracic or lumbosacral neuritis, displacement of lumbar intervertebral disc, and left wrist sprain, Traumatic arthropathy hand, peptic ulcer unspecified. Treatments have included Flurbiprofen, Prilosec, Lyrica, and Norco. At dispute are the requests for Left carpal tunnel injection under US guidance; and Weight loss program with [REDACTED] for ten week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel injection under US guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel, Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-265.

Decision rationale: The injured worker sustained a work related injury on 10/16/2013. The medical records provided indicate the diagnosis of Lumbar sprain/strain, thoracic or lumbosacral neuritis, displacement of lumbar intervertebral disc, and left wrist sprain, Traumatic arthropathy hand, peptic ulcer unspecified. Treatments have included Flurbiprofen, Prilosec, Lyrica, and Norco. The medical records provided for review do not indicate a medical necessity for Left carpal tunnel injection under US guidance. The symptoms, examination findings and the result of electro-diagnostic (nerve) studies do not support a diagnosis of Carpal tunnel syndrome. The MTUS states that Carpal tunnel syndrome does not present with pain; furthermore, the previous records indicate the Tinel's test and Phalen's test were negative. Additionally, the MTUS recommends against the use of injections except in severe cases that have failed conservative treatment. Therefore, the request is not medically necessary and appropriate.

Weight loss program with [REDACTED] for ten weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Systematic review: and evaluation of major commercial weight loss programs in the United States

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Centers for Disease Control and Prevention, Losing Weight, http://www.cdc.gov/healthyweight/losing_weight/index.html

Decision rationale: The injured worker sustained a work related injury on 10/16/2013. The medical records provided indicate the diagnosis of Lumbar sprain/strain, thoracic or lumbosacral neuritis, displacement of lumbar intervertebral disc, and left wrist sprain, Traumatic arthropathy hand, peptic ulcer unspecified. Treatments have included Flurbiprofen, Prilosec, Lyrica, and Norco. The medical records provided for review do not indicate a medical necessity for Weight loss program with [REDACTED] for ten weeks. The Centers for Disease Control and Prevention states that, "Healthy weight loss isn't just about a "diet" or "program". It's about an ongoing lifestyle that includes long-term changes in daily eating and exercise habits." Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines". Therefore, the requested treatment is not medically necessary and appropriate.