

Case Number:	CM14-0197270		
Date Assigned:	12/05/2014	Date of Injury:	03/01/2007
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 Geriatrics and is licensed to practice in 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:

She was seen by her primary treating physician on 9/16/14. She noted that her blood sugars were in the 140s range. She had not had chest pain and needed blood pressure medications. Her exam showed a weight of 282lbs, clear lungs, normal sinus rhythm, 2+ edema and decreased vibration in her feet. Prior height was documented at 5'0" and prior weights in the 288-289lb range. Her diagnoses were sleep apnea, diabetes, hypertension and morbid obesity. She was also seen on 7/8/14 by her treating physician who was requesting authorization to treat her hypertension, diabetes, obesity, gastrointestinal and sleep apnea complaints. The provider had previously been treating her diabetes. There are also requests for a [REDACTED] weight loss program and an ophthalmology consult as well as a home care assessor to reassess her home care needs. These requests are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Authorization to provide medical treatment diagnoses: hypertension, gastrointestinal GERD/IBS, diabetes mellitus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Medical management of gastroesophageal reflux disease in adults, overview of hypertension in adults and overview of medical care in adults with diabetes.

Decision rationale: This is a very non-specific request in this injured worker for authorization to provide medical treatment diagnoses: hypertension, gastrointestinal GERD/IBS, diabetes mellitus. The available records document these medical diagnoses which appear controlled and stable on her current medications. The physical exam showed edema in the lower extremities, normal cardiac exam and clear lungs. Her sugars were said to be in the 140s range. Her weight was 282lbs and a blood pressure was not documented during the visit of 9/16/14 nor in the 7/8/14 visit. She had no reported cardiac, hepatic or esophageal symptoms documented. There is no documentation of issues with compliance with medications or dosage and no symptoms of any toxicity. The medical records do not substantiate the clinical reasoning or medically justify the request for authorization to provide medical treatment diagnoses: hypertension, gastrointestinal GERD/IBS, diabetes mellitus. Therefore the request is not medically necessary.

██████████ **weight loss program, twenty four sessions with leave to extend as needed:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medically supervised weight loss program: Spine J. 2011 Mar;11(3):197-204. Pilot evaluation of a multidisciplinary, medically supervised, nonsurgical weight loss program on the severity of low back pain in obese adults and 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. J Am Coll Cardiol. 2013.

Decision rationale: This injured worker has had relatively stable weight in the past years with a recent BMI calculated at 55kg/m² which is in the obesity range. A pilot prospective cohort study suggested that a 52 week multidisciplinary, supervised nonsurgical weight loss program in obese patients with low back pain improved pain and function. There is no documentation in the records of attempts at other past weight loss modalities or exercise programs. Additionally, per the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, healthcare providers should develop individualized weight loss plans that include three key components - a moderately reduced calorie diet, a program of increased physical activity and the use of behavioral strategies to help patients achieve and maintain a healthy body weight. The records also do not document a comprehensive weight loss plan or what the weight loss is targeting with regards to function or pain. The medical necessity of a weight loss program is not substantiated in the records. Therefore the request is not medically necessary.

Ophthalmologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

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: Uptodate: overview of medical care in adults with diabetes.

Decision rationale: This injured worker has a history of diabetes. The request is for an ophthalmology consult to 'address her eyesight complaints'. However the records do not document any eyesight complaints. A routine eye exam is recommended for patients with diabetes however the records do not substantiate when she had her last visit or what her 'eyesight complaints' are. Also, there is no eye exam or ophthalmologic screening exam documented by the treating provider who was treating her diabetes. The medical necessity of the request for an ophthalmology consult is not substantiated in the records. Therefore the request is not medically necessary.

Evaluation by a professional home care assessor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: This injured worker has chronic pain and multiple comorbidities including diabetes, hypertension and obesity. The records do not document any difficulty with transfers or activities of daily living. Additionally, the records do not substantiate that the worker is homebound. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The records do not support the medical necessity an evaluation by a professional home care assessor. Therefore the request is not medically necessary.