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| Case Number: | CM14-0200480 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 10/22/1996 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Occupational 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:

This is a 71-year-old male with a 10/22/96 date of injury. The patient injured his neck, both shoulders, back, and both knees when he lifted a 96-pound pavement breaker above his head to place it in a tool truck. According to a progress report dated 10/14/14, the patient reported his pain level as a 5/10 with medication. He stated that his neck was still bothering him and was unable to put a lot of strain on it. He had to be very careful on movements of his shoulders due to increase in pain. His right elbow was bothering him and he had to move them constantly. His right trigger fingers had pain and locking. He was having numbness and tingling of his right hand and fingers. The provider has requested [REDACTED] weight loss program to continue his weight loss program 5 times per week for an estimated 52 weeks, independent physical fitness program to increase his range of motion and decrease his pain for 1 year, and physical therapy 2 times per week for 12 sessions or the neck and right shoulder. Objective findings: the patient lacks 2-3 fingerbreaths from touching chin to test. Diagnostic impression: musculoligamentous sprain of the cervical spine with left radiculitis, tear of left shoulder rotator cuff, carpal tunnel syndrome bilateral wrists, and cubital tunnel syndrome right elbow. Treatment to date: medication management, activity modification, physical therapy, multiple surgeries, TENS unit, manipulation. A UR decision dated 10/28/14 denied the requests for 1 independent physical fitness program for 1 year, 1 [REDACTED] weight loss program, and 12 sessions of physical therapy. Regarding the request for 1 independent physical fitness program, in the physical therapy discharge report, it was indicated that the patient had a reduction in symptoms and activity restrictions by 75% following 28 additional sessions. However, there was no discussion of any ongoing home exercise efforts other than head, neck, and shoulder ergonomic training. It appears that the patient has had a significant opportunity to be instructed in a home exercise program. Regarding the request for 1 [REDACTED] weight loss program, although guidelines support

the medical management of obesity through using tools such as diet and exercise, medication and bariatric surgery, they do not specifically support programs, such as [REDACTED]. Regarding physical therapy, the patient had 26 physical therapy sessions prior to October 2012 and 28 physical therapy sessions from 4/24/14 through 8/14/14. The patient has had ample time and intervention to safely follow a home based program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One independent physical fitness program for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter-Gym Membership

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for one independent physical fitness program for one year is not medically necessary.

[REDACTED] weight watch loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

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: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: CA MTUS and ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion),

obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, in the present case, the patient's weight and height were not provided in order to calculate the patient's BMI. In addition, there is no documentation that this patient has had a trial and failure of a diet and independent exercise program to address his weight issues. Therefore, the request for [REDACTED] weight watch loss program was not medically necessary.

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, it is noted that the patient has had a significant amount of previous physical therapy treatment. According to the UR decision dated 10/28/14, he has had 26 physical therapy sessions prior to October 2012 and 28 physical therapy sessions from 4/24/14 through 8/14/14. Guidelines support up to 9 sessions over 8 weeks for neck sprains and 10 sessions over 8 weeks for shoulder sprains. He has already exceeded the number of guideline supported physical therapy visits. In addition, there is no documentation as to why this patient has been unable to transition to an independent home exercise program at this time. Therefore, the request for 12 sessions of physical therapy was not medically necessary.