

Case Number:	CM15-0130358		
Date Assigned:	07/16/2015	Date of Injury:	11/14/2011
Decision Date:	08/13/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 35-year-old male who sustained an industrial injury on 11/14/11. Initial complaint and diagnoses are not available. Current diagnoses include sprain of thoracic spine, lumbago, right lower extremity pain, and status post right ankle surgery 12/2014. He developed a right ankle infection status post surgery resulting in slowed healing and physical therapy progression. Diagnostic testing and treatments to date have included MRI, right ankle surgery, physical therapy, and pain medication management. It is noted from other URs that patient has had 9 physical therapy sessions (with 6 additional approved) and has had right peroneus brevis repair, debridement of sinus tarsi, debridement and tenolysis of FDL, FHL and posterior tibialis tendon and neurolysis of tibialis tendon. Currently, the injured worker complains of right low back and right lower extremity pain; he has a 50-pound weight gain due to decreased activity. Current plan of care and requested treatments include pain management, functional restoration program, and a weight loss program. The injured worker is under temporary total disability. Date of Utilization Review: 06/04/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: As per MTUS Chronic pain guidelines, Functional Restoration Program requires specific criteria to be met before it can be recommended. Guideline criteria have not been met. Criteria require documentation of failure of other treatments including conservative and invasive care, motivation to change and negative predictive issues have been dealt with. Documentation fails criteria. Patient is still being actively treated with referral to pain management for injections approved. There is documentation of some improvement with ongoing physical therapy. There is no documentation concerning plan to return to work or any negative issues such as depression appropriately reviewed and assessed. Functional Restoration Program is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jensen MD, Ryan DH, Apovian CM, Ard JD, Comuzzie AG, Donato KA, Hu FB, Hubbard VS, Jakicic JM, Kushner RF, Loria CM, Millen BE, Nonas CA, Pi-Sunyer FX, Stevens J, Stevens VJ, Wadden TA, Wolfe BM, Yanovski SZ. 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. 2014 Jul 1; 63 (25 Pt B): 2985-3023. [173 references].

Decision rationale: MTUS Chronic pain, ACOEM and Official Disability Guidelines do not appropriately deal with this topic. While these guidelines have general recommendations concerning weight loss, there is no information concerning weight loss program. As per quoted source, weight loss programs have not been shown to be significantly effective except for program involved with caloric restriction. Provider has failed to document what has been attempted to reverse weight gain and what program is being requested. Weight loss program is not medically necessary.