

Case Number:	CM15-0138015		
Date Assigned:	07/27/2015	Date of Injury:	07/08/2010
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59-year-old male who sustained an industrial injury on July 8, 2010. He injured his right knee and hip while moving a boulder out of the way of his truck. He has reported neck and lower back pain and he currently rates the pain a 7 out of 10. Diagnoses include Grade I anterolisthesis at L5-S1, herniated nucleus pulposus, right C7 radiculopathy, and mild carpal tunnel syndrome. Treatment has included injections, surgery, physical therapy, medications, medical imaging, and chiropractic care. There was tenderness over the right lumbar paraspinals, and right cervical and mid thoracic midlines. Range of motion of the cervical, thoracic, and lumbar spines were decreased in all planes and limited by pain. Positive right lumbar facet loading challenge and Spurling's maneuver caused pain in the right neck. The treatment plan included follow up appointments, weight watcher program, and a MRI. The treatment request included a trial of [REDACTED] with food for 3 months, follow up visit for the hand, and follow up orthopedic visit for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of [REDACTED] with food for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity; World Gastroenterology Organization (WGO). World Gastroenterology Organization Global Guideline: Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation weightwatchers.com.

Decision rationale: The MTUS is silent on weight management clinics. However, the MTUS does state "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792. 10." A review of the [REDACTED] weight loss program website reveals that it represents itself as a comprehensive program that addresses the physical as well as the mental and lifestyle issues of weight control. However, there is no evidence that this particular weight loss program is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community. As such, it is not medically necessary.

Follow Up Visit for Hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Online Version, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the follow up visit for the hand will address. Per the medical records, the most recent complaint involving the hand was per progress report dated 2/9/15 where it was noted that the injured worker complained of numbness, weakness, tingling in the right upper limb. He reported numbness and tingling in the 3rd-5th digits. He had been diagnosed and had surgery for carpal tunnel and ulnar neuropathy. Management is too complex for a generalist as the injured worker is status post two surgeries. The request is medically necessary.

Follow Up for Orthopedic Visit for Shoulder, Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Online Version, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. Per progress report dated 5/5/15, it was noted that the injured worker had increasing left knee pain. He rated his right knee pain 8/10; he constantly felt that his knee was throbbing. He stated that he had a total of 4 right knee surgeries. He was status post right knee arthroscopy with repeat meniscectomy on 11/17/14. The documentation did not contain any recent complaint regarding the shoulders that would support orthopedic visit for the shoulders. As such, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for orthopedic follow up for the knees only.