MAXIMUS Federal Services

Case Number:	CM15-0141697		
Date Assigned:	07/31/2015	Date of Injury:	01/25/2011
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60-year-old female who sustained an industrial injury on 1-25-11. She had complaints of right arm and hand pain. Diagnosed with right third trigger finger flexor tendinitis. Diagnostic studies include: x-ray, nerve conduction studies and MRI. Treatments include: medication, physical therapy, chiropractic care, injections and surgery. Progress report dated 6-3-15 reports improved acid reflux, improved diarrhea and improved constipation with medication. Hypertension and sleep disturbance is unchanged. Diagnoses include: abdominal pain, hypertension, constipation/diarrhea, irritable bowel syndrome and sleep disorder, orthopedic complaints deferred. Plan of care includes: urine toxicology and labs are pending, body composition study done today, probiotics twice per day, #60, Bentyl 20 mg twice per day, #90, discussed low fat, low acid, low cholesterol, low glycemic, low sodium diet, discussed sleep hygiene and advised to follow up with primary treating physician. Work status: deferred to primary physician and was declared permanent and stationary. Follow up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body composition study: 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/pmc/articles/PMC2082845.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2082845/.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, body composition study is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to little more is illegal and prevent establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. Measurement of body composition in vivo is an imperfect process, subject to various constraints, yet the outcome has clinical value. In this case, the injured worker's working diagnoses are abdominal pain; hypertension; constipation diarrhea; irritable bowel syndrome; and sleep disorder. The date of injury is January 25, 2011. The request for authorization is June 29, 2015. A progress note dated June 3, 2015 by the internal medicine provider indicates a body composition study was performed on that date. Subjectively, the injured worker has improved gastroesophageal reflux, diarrhea and constipation. Objectively, the injured worker is 5'2" and 184 pounds. The physical examination was entirely unremarkable. There is no clinical indication or rationale for a body composition study. The documentation appears to reflect the treating provider is requesting a second body composition study based on the June 29, 2015 request for authorization. Consequently, absent clinical documentation with a clinical indication and rationale for a body composition study, body composition study is not medically necessary.