

Case Number:	CM15-0145150		
Date Assigned:	08/07/2015	Date of Injury:	09/26/2011
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49 year old male, who sustained an industrial injury on September 26, 2011. The injured worker was the victim of an explosion. The injured worker has been treated for severe burns of the neck and upper extremities and an inhalation and aspiration injury to the lungs. The diagnoses have included a 45% brain injury, pulmonary disorder, neck pain with radiation to the right upper extremity down to the fingers, cervical degenerative disc disease with mild spinal stenosis, extensive third-degree burns of the right upper extremity-anterior chest and abdomen, chronic lumbar spine strain with radiculitis, lumbosacral spondylosis, lumbar degenerative disc disease and sleep disorder. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, sleep study, pulmonary evaluation, transcutaneous electrical nerve stimulation unit and skin grafting. The injured worker was not working. Current documentation dated June 11, 2015 notes that the injured worker reported bilateral arm pain, bilateral arm itchiness and difficulty sleeping. On examination the injured worker was noted to have hypertrophic scarring of the bilateral upper extremities. The documentation was handwritten and difficult to decipher. The treating physician's plan of care included requests for Thick It powder envelopes, use as directed # 2 boxes and Thick It powder 38 ounces take as directed # 4 cans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thick it powder envelopes #2 boxes: Overturned

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 Penman JT, Thomson M. A review of the textured diets developed for the management of dysphagia. Journal of Human Nutrition and Dietetics Volume 11, Issue 1, pages 51 -60, February 1998.

Decision rationale: The claimant sustained a work-related injury in September 2011 and is being treated for the residual effects of a blast injury with burns. He has diagnoses including gastroesophageal reflux disease and dysphagia and there is reference to the presence of esophageal strictures. Requests for a modified barium swallow study and speech therapy / ENT evaluations appear to have been denied. His past surgical history includes a sleeve gastrectomy in 2012. In this case, the claimant is using food thickeners due to swallowing difficulties. Whether these are needed would require an appropriate evaluation of the claimant's swallowing dysfunction through the requested testing and evaluations, which were denied. The claimant's swallowing difficulties might be treated through speech therapy after a proper evaluation. Until / unless he undergoes an appropriate evaluation that would indicate otherwise, the requested thickening agents are medically necessary.

Thick it powder 38 oz #4 cans: Overturned

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 Penman JT, Thomson M. A review of the textured diets developed for the management of dysphagia. Journal of Human Nutrition and Dietetics Volume 11, Issue 1, pages 51 -60, February 1998.

Decision rationale: The claimant sustained a work-related injury in September 2011 and is being treated for the residual effects of a blast injury with burns. He has diagnoses including gastroesophageal reflux disease and dysphagia and there is reference to the presence of esophageal strictures. Requests for a modified barium swallow study and speech therapy / ENT evaluations appear to have been denied. His past surgical history includes a sleeve gastrectomy in 2012. In this case, the claimant is using food thickeners due to swallowing difficulties. Whether these are needed would require an appropriate evaluation of the claimant's swallowing dysfunction through the requested testing and evaluations, which were denied. The claimant's swallowing difficulties might be treated through speech therapy after a proper evaluation. Until / unless he undergoes an appropriate evaluation that would indicate otherwise, the requested thickening agents are medically necessary.