MAXIMUS Federal Services

Case Number:	CM15-0186013		
Date Assigned:	09/28/2015	Date of Injury:	04/08/2002
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury April 8, 2002. Past history included status post right carpal tunnel release 2000 and February 2011, status post left carpal tunnel release 2013, status post arthroscopic subacromial decompression, left shoulder and debridement of torn labrum July 2003, left hip arthroscopy January 16, 2013, status post right hip arthroscopy with acetabular takedown, labral repair and femoral neck resection October 13, 2014, and two lumbar epidural injections, the most recent late 2013 for ongoing lumbar pain with relief. According to a treating physician's handwritten supplemental report dated August 17, 2015, the injured worker presented and reported seeing another physician who recommended fusion, but she does not want fusion. She reports she is losing weight (no documentation of weight lost or actual weight). She complains of upper body pain and bilateral hip pain. Objective findings are documented as walks with a cane. No other documented findings are present in this report. Diagnosis is documented as degenerative joint disease. At issue, is the request for authorization for medically supervised weight loss and unknown aquatic therapy. An MRI of the lumbar spine dated June 2, 2015 (report present in the medical record) impression; L2-3 7mm central extrusion with 2.0cm cephalad extension which severely compresses the thecal sac severely compressing the cauda equina; in addition, a 5-6mm right paracentral and lateral recess and proximal foraminal extrusion with annular tear which severely narrows the right lateral recess and moderately narrows the right neural foramen without obvious impingement of the right L2 nerve root; there is no significant left foraminal stenosis; L4-5 1-2mm anterolisthesis and 2mm disc bulge with moderate to severe facet and ligamentum flavum hypertrophy, which

moderate, to moderate to severely narrows the canal including the lateral recesses, which may affect the L5 nerve roots; there is no significant foraminal stenosis. According to utilization review dated August 24, 2015, the request for Referral to Pain Management between August 21, 2015 and December 19, 2015 is certified. The request for Medically-Supervised Weight Loss between August 21, 2015 and February 17, 2016 is non-certified. The request for Unknown Aquatic Therapy between August 21, 2015 and December 19, 2015 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med-Supervised Weight Loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Intern Med. 2005 Apr 5; 142 (7): 525-31. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, Weight Loss Program.

Decision rationale: The patient presents with bilateral hip pain. The current request is for Med- supervised weight loss. The treating physician's report dated 08/17/2015 (29B) does not provide a rationale for the request. The MTUS Guidelines pages 46 and 47 recommend exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding weight loss program in other guidelines such as ODG or ACOEM. However, Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12- month period." Physician monitor programs are supported for those with BMI greater than 30, but excludes [redacted], or similar programs. Medical records do not show the patient's current weight, height or BMI. There is no discussion regarding the patient's current weight loss or what the patient has tried in order to lose weight. In this case, the patient does not meet the required criteria based on the AETNA Guidelines. The current request is not medically necessary.

Unknown Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (Acute & Chronic): Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents with bilateral hip pain. The current request is for Unknown Aquatic Therapy. The treating physician's report dated 08/17/2015 (29B) does not provide a rationale for the request. The MTUS Guidelines page 22 recommends aqua therapy as

an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. No aquatic therapy reports were made available for review. However, the 05/05/2015 (6B) report notes that the patient will continue with PT twice weekly for an additional six weeks. In this case, there is no indication that the patient is unable to tolerate land-based therapy. The patient does not appear to be obese or have weight-bearing issues. Furthermore, the request does not specify the frequency and duration of aquatic therapy sessions. The current request is not medically necessary.