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| Case Number: | CM15-0192189 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 07/03/2014 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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 55 year old female, who sustained an industrial injury on 7-3-14. The documentation on 8-4-15 noted that the injured worker has complaints of abdominal pain and alternating constipation and diarrhea with the constipation improving. The injured worker reports, unchanged snoring, gasping for air at night while sleeping and daily left side headaches. The injured workers anxiety has improved. Examination revealed lungs are clear to auscultation, no rales or wheezes appreciated and there is no dullness to percussion. There is mild tenderness to palpation in the left lower quadrant of the abdomen. The diagnoses have included abdominal pain; acid reflux; constipation and diarrhea; palpitations, rule out cardiac versus anxiety and chest pain, rule out cardiac versus anxiety. Treatment to date has included body composition study done 8-4-15; lincos and probiotics. Echocardiogram was normal in March 2014. The original utilization review (9-18-15) non-certified the request for body composition study dates of service 8-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body composition study (DOS 8/4/15): 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant has a history of a cumulative trauma work injury with date of injury in July 2014 and continues to be treated for stress-related medical and secondary psychiatric conditions. When seen, she had unchanged abdominal pain and was having alternating episodes of constipation and diarrhea. Her anxiety had improved. She was having daily headaches and symptoms consistent with obstructive sleep apnea. Physical examination findings included a height of 5 feet, 4 inches and weighed 239 pounds, which corresponds to a BMI of 41.0 and a diagnosis of morbid obesity. There was mild left lower quadrant abdominal tenderness. A sleep study was pending. Repeat body composition analysis was done. Guidelines recommend against repeating diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. In this case, weight loss is being encouraged. Simple measurement of the claimant's body weight would be sufficient for this purpose. Body composition analysis is not medically necessary.