

Case Number:	CM15-0209629		
Date Assigned:	10/28/2015	Date of Injury:	07/07/2008
Decision Date:	12/10/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on July 07, 2008. The worker is being treated for: right CTS, right medial knee pain, right hip pain, lumbar spine pain, left foot pain. Subjective: October 12, 2015 reported the worker having gained 90 pounds since injury. She reports complaint of right posterior thigh numbness and parasthesia's. She also complained of intermittent parasthesia's to right hand. Objective: October 12, 2015 noted positive Phalen's right wrist, hypoesthesia. Medication: October 12, 2015: Naprosyn, Hydrocodone. Treatment: activity modification, medication, initial treatment to involve a Synvisc series "with no relief." She utilizes a seated walker or cane. Weight loss program with previous denial. On October 14, 2015 a request was made for EMG NCS of BUE's and weight management program 10 week trial which were both noncertified by Utilization Review on October 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/nerve conduction study (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. An EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant's symptoms are consistent with carpal tunnel. There was no mention of discrepancy in exam. The request for the EMG /NCV is not medically necessary.

██████ **weight management program 10 week trial:** 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/pubmed/20809828>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss-Agency for Healthcare Quality Research 2010 Feb. p.96.

Decision rationale: According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, other behavioral interventions. There was only mention of using a recumbent bike. There is no indication of failure or regaining of weight after prior attempts to lose weight. Although, there was a plan for gastric bypass, there was no mention of simple diet educations vs. a formal 10-week program. Therefore the request for a ███████ weight management program is not medically necessary.