

Case Number:	CM15-0026758		
Date Assigned:	02/20/2015	Date of Injury:	01/20/2014
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina
 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 44 year old male, who sustained an industrial injury on January 20, 2014. The diagnoses have included pain in joint lower leg and psychogenic pain. A progress note dated January 15, 2015 provided the injured worker complains of bilateral knee pain with right knee pain new onset. He reports popping and locking of the knee. It is noted the injured worker has anxiety and depression that is felt to be related to his chronic pain coping. Plan is to request psychologist again and for nutrition consult to help with weight loss to help with knee pain. On February 4, 2015 utilization review non-certified a request for time consult with nutritionist. The American College of Physicians article was utilized in the determination. Application for independent medical review (IMR) is dated February 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Time consult with nutritionist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient is described as moderately obese with ongoing knee pain. Weight loss would be a key component to reduction in knee pain and the request is medically warranted.