

Case Number:	CM14-0124653		
Date Assigned:	08/08/2014	Date of Injury:	03/27/2011
Decision Date:	10/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 30 year-old with a date of injury of 03/27/11. A progress report associated with the request for services, dated 06/05/14, identified subjective complaints of elbow, bilateral knee, and low back pain. Objective findings included a height of 5 feet, 5 inches, and 255 pounds. There was tenderness to palpation of both knees, the elbow, and lumbar spine. Diagnoses (paraphrased) included internal derangement of the left knee; lumbosacral radiculitis; lumbar disc disease; and previous elbow fracture with residuals. Treatment had included oral analgesics. A Utilization Review determination was rendered on 07/08/14 recommending non-certification of "Internal Medicine Consultation for Weight Loss Program".

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation for Weight Loss Program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines 2nd Edition 2004 page 127 Official Disability Guidelines Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Office Visits

Decision rationale: The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The non-certification for consultation was based upon lack of a specific indication for weight loss. In this case, the record does document obesity and possible adverse effects related to that. Therefore, the record does document the medical necessity for consultation based upon those criteria.