

<b>Case Number:</b>	CM14-0132195		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/04/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 47-year-old who has submitted a claim for partial tear of rotator cuff, right shoulder associated with an industrial injury date of June 4, 2008. Medical records from 2014 were reviewed. Patient complained of neck pain, right shoulder and wrist/hand pain with radicular symptoms to the elbow, left low back and bilateral knees. Physical examination of the right shoulder revealed positive Hawkins' maneuver and Neer's test. The AC joint has tenderness anteriorly. Range of motion is limited. Lumbar spine examination notes some bilateral paraspinal muscle tenderness and tenderness in the areas of the lower lumbar midline. Range of motion of the lumbar spine is also limited. Treatment to date has included oral medications. Utilization review date of August 11, 2014 denied the request for pool therapy, as there is no information provided that the patient cannot tolerate land-based therapy. The request for ideal health weight loss program was also denied because no current BMI was documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy program for twenty-four sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, a progress report dated July 31, 2014 showed that the patient was diagnosed with obesity. The medical records did not include information if the patient could tolerate land-based therapy. The medical necessity for enrollment in aquatic therapy has not been established. Therefore, the request for a pool therapy program for twenty-four sessions is not medically necessary or appropriate.

**Ten-week weight loss course:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Dietetic Association, 2007 Oct;107(10):1755-67

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: █████ Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

**Decision rationale:** The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the █████ Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. It states that the criteria for usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and therapy. In this case, a progress report dated July 31, 2014 showed that the patient was diagnosed with obesity. A progress report dated July 24, 2014 showed that the patient is also taking medication for elevated blood pressure. It also shows that the patient has a family history of diabetes, heart disease and hypertension. However, there was limited evidence of prior attempt with exercise, behavior modification and drug therapy. Furthermore, the records submitted do not contain the patient's height and weight to determine the patient's BMI. Therefore, the request for a ten week weight loss course is not medically necessary or appropriate.