

Case Number:	CM14-0132487		
Date Assigned:	09/19/2014	Date of Injury:	06/02/2003
Decision Date:	10/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 57-year-old female with a reported date of injury on 06/02/2003. The injury reportedly occurred when the injured worker was walking down the parking garage stairs, missed the last step, and fell on the ground and broke her ankle. Her diagnoses were noted to include ankle osteoarthritis, status post ankle fracture, limb pain, and rule out complex regional pain syndrome of the lower extremity. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 06/24/2014 revealed complaints of pain to the left ankle. The injured worker complained of left ankle pain, which occurred constantly. The onset was acute and rated 5/10 in severity. The pain radiated to the left knee and was aggravated by walking or standing. The injured worker reported an episode of severe pain to her ankle with a burning sensation up to her calf with swelling. The injured worker reported twitching to her toes and muscle soreness all the way to her thigh. The physical examination revealed the weight at 180 pounds, and there was swelling noted to the left lower extremity. The sensory examination was intact, and reflexes were normal. The progress note dated 07/07/2014 revealed complaints of left ankle pain that had become more painful in the last few weeks. The physical examination noted moderate effusion to the left ankle and 2+ pain over the medial and lateral aspect of the left ankle and over the dorsum of the left ankle. The x-rays showed narrowing of the tibiotalar joint with anterior and posterior osteophytes. The provider indicated a supervised weight reduction surgery program and a left ankle short boot AFO would be medically indicated. The Request for Authorization form was not submitted within the medical records. The request was for a supervised weight reduction surgery program or a weight reduction program and an AFO short boot to minimize discomfort and allow the injured worker to prolong the need for a left ankle total replacement or left ankle fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised weight reduction surgery program or weight reduction program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Lawrence J. Appel, M.D.(2011), Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice. The New England Journal of Medicine, 365(21), pages 1959. California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for supervised weight reduction surgery program or weight reduction program is not medically necessary. The injured worker was noted to weigh 180 pounds in the progress notes from 2014. "In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months." The California MTUS/ACOEM state that if a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer an injured worker to another specialist for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or an examinee's fitness for a return to work. A consultant is usually requested to act in an advisor capacity, but may sometimes take full responsibility for investigating and/or treating an injured worker within the doctor/patient relationship. There is a lack of documentation of previous attempts at weight loss that have failed. There is a lack of documentation regarding the length of time and frequency of the weight loss program. Therefore, due to the lack of documentation regarding previous weight loss attempts and frequency at which the injured worker is to attend the weight loss program, a weight loss program is not appropriate at this time. Therefore, the request is not medically necessary. There is a lack of documentation regarding the injured worker's BMI or documentation regarding weight loss and gain over time since the injury. The request was not for a consult with a surgeon for a weight reduction surgery.

AFO Short boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: The request for AFO short boot is not medically necessary. The injured worker complains of left ankle pain. The CA MTUS/ACOEM Guidelines state putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable. For instance, partial weightbearing as well as placing the affected foot or ankle on the ground with crutches on either side and having the patient place as much weight as possible on the foot, with the rest of the weight on crutches. This practice is preferable to complete nonweightbearing. If the nature of the injury does not prohibit them, the gentle range of motion exercise several times a day within the limits of pain is better than complete immobilization. Toes exposed in a splint should be exercised; the range of motion exercises should be performed; and, straight leg raising exercises should be done to maintain quadriceps strength. Activities and postures that increase strength in a structurally damaged ankle or foot can aggravate symptoms. Weightbearing may be limited during the first few weeks, with gradual return to full weightbearing. Weightbearing with orthotics often returns function toward normal quickly. The guidelines recommend a brace for as short time as possible at the onset of the injury. The injured worker was injured 9 years ago, and therefore a brace is not appropriate at this time. As such, the request is not medically necessary.