

Case Number:	CM14-0160133		
Date Assigned:	10/03/2014	Date of Injury:	05/11/2011
Decision Date:	11/06/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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:

This is a 45-year-old male with a 5/11/10 date of injury. He sustained electrical injury and burns. According to a progress report dated 9/2/14, it is noted that the patient underwent right shoulder surgery on 5/20/14. He complained of waking up because blood pressure was too high or maybe because he has been rolling onto right shoulder and pain is waking him. He has had a macular non-pruritic rash on both buttocks and a macular rash on lower back, feet, and ankle. He complained of lower back pain, and stated that his right leg goes out with pain. The patient's blood pressure is 110/90 and is taking blood pressure medicine, but he does not recall the name. Objective findings: extensive bilateral thigh and abdomen burns with skin grafts, decreased range of motion of right shoulder. Diagnostic impression: status post severe electrocution with extensive body burns, severe obstructive sleep apnea, traumatic brain injury, right shoulder tear, s/p surgery 5/20/14, lower back pain with right lower extremity radiculopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/15/14 denied the requests for [REDACTED], physical therapy, referral to internal medicine, and ammonium lactate cream. Regarding [REDACTED], there is no evidence that the obesity is the primary condition retarding recovery from an accepted condition. Regarding physical therapy, there is no evidence that the patient has attended all of the certified post-operative physical therapy sessions and no documentation of objective improvement. Regarding referral to internal medicine, the patient should follow up with the previous physician for his hypertension. A consultation with a different physician does not appear to be medically necessary. Regarding ammonium lactate cream, this is a topical agent indicated for treatment of xerosis and ichthyosis vulgaris. The patient has not been diagnosed with these conditions as part of his accepted industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **with food supplements (for 6 months): Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, in the present case, there is no documentation that the patient has had a trial and failure of a diet and exercise program. There is no documentation of other methods of weight loss he has tried to necessitate a formal weight loss program. Therefore, the request for ██████████ with food supplements (for 6 months) was not medically necessary.

12 post op physical therapy sessions for the right shoulder ROM (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, in this case, the patient is status post arthroscopic right shoulder repair on 5/20/14. According to the UR decision dated 9/15/14, a total of 32 post-operative physical therapy sessions had been previously authorized. However, it is unclear if the patient has completed these sessions. It is unclear how many sessions he has previously completed. Guidelines support up to 24 visits over

14 weeks for arthroscopic shoulder repair. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Therefore, the request for 12 post op physical therapy sessions for the right shoulder ROM (2x6) was not medically necessary.

Referral to internal medicine for blood pressure: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 CLINICAL TOPICS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists 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. However, in the present case, the patient's blood pressure is slightly elevated at 110/90, and he is taking blood pressure medication. The provider is requesting an internal medicine consult for blood pressure control. Guidelines support referrals to other providers as the primary treating provider seems fit. Therefore, the request for Referral to internal medicine for blood pressure was medically necessary.

Ammonium Lactate Cream 12% 385g #2 (5 refills): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: FDA (Amlactin)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Ammonium lactate is a combination of lactic acid and ammonium hydroxide. Ammonium lactate is a moisturizer used to treat dry, scaly, itchy skin. It is noted that the patient has extensive bilateral thigh and abdomen burns with skin grafts. He also has macular rashes on both buttocks, lower back, feet, and ankle. Ammonium lactate cream is supported in this setting. However, this request is for a 6-month supply, and according to the reports provided for review, the patient is seen monthly. Routine monitoring is required to determine the efficacy and adverse effects of medication. A specific rationale as to why the patient requires a 6-month supply of medication at this time was not provided. Therefore, the request for Ammonium Lactate Cream 12% 385g #2 (5 refills) was not medically necessary.