

Case Number:	CM14-0097009		
Date Assigned:	07/28/2014	Date of Injury:	08/18/2005
Decision Date:	09/18/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 and Rehabilitation 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:

The injured worker is a 42-year-old male who reported an injury on 08/18/2008. Reportedly occurred while he was a maintenance laborer. He was hanging large bags which weighed 100 to 150 pounds on hooks. He sustained orthopedic injury involving multiple musculoskeletal structures. The injured worker's treatment history included medications, surgery, injections, and x-rays. In the documentation submitted, it was documented the injured worker gained approximately 172 pounds and stated that he gained 20 pounds since he stopped working on 09/10/2009. The injured worker was evaluated on 07/16/2014, and it was documented the injured worker complained of headaches, heartburn, and epigastric pain. He also complained of abdominal pain, depression, bilateral arm, hand, wrist, and elbow pain, left greater than right, with left wrist swelling, bilateral foot pain, and right greater than left. Objective findings revealed calcaneal decreased pinprick, light touch bilaterally. CPAP compliance was still poor. His weight was 172 pounds. Medications included Metamucil, tramadol 50 mg, nortriptyline 25 mg, zolpidem 10 mg, and Prevacid 30 mg. Diagnosis included left shoulder tendonitis, S/p left wrist arthroscopy, history of left elbow radial nerve, depression, calcaneal neuritis, and severe OSA. Treatment plan includes to renew medications, [REDACTED] for 3 month trial with food allowance, and physical therapy. The Request for Authorization dated 06/04/2014 was for [REDACTED] 3 month trial for the [REDACTED] program, the rationale was to prevent aggravation of OSA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request: Food Allowance for already approved 3-Month Trial of [REDACTED]

Program: 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: The American Journal of Clinical Nutrition.

Decision rationale: The American Journal of Clinical Nutrition states that the effectiveness of a commercial weight-loss programs consisting of a very-low diets (VLCDs) and low calorie diets (LCDs) is unclear. It stated that a commercial weight-loss program, particularly one using (VLCD, was effective at reducing body weight in self-selected, self-paying adults. The documents that was submitted indicated the injured worker being 172 pounds ever since discontinuing work activities on 09/20/2009, however there was lack of documentation of a home exercise or diet regimen for the injured worker. There was lack of information regarding the injured worker's weight and body mass index (BMI). Given the above, the request is not medically necessary and appropriate.