

Case Number:	CM14-0030092		
Date Assigned:	08/04/2014	Date of Injury:	03/13/2003
Decision Date:	03/25/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 an injured worker with the diagnoses of status post right ankle arthroscopy, micro fracturing of the talus 04/14/04, lumbar discopathy, status post right carpal tunnel release and trigger finger release 08/23/2011, status post right long digit and right thumb trigger finger release 6/14/13, right ankle hardware pain. Date of injury was 03-13-2003. Primary treating physician's progress report dated 02-07-2014 was provided by [REDACTED]. The patient presented for followup of her work-related injury to lumbar spine and right ankle. Subjective complaints were documented. The patient complained of severe pain in her right ankle. She also complained of persistent low back pain with radiation to the lower extremities. Physical examination findings included height 5'4" and weight 213 lbs. The patient is pleasant and able to follow basic instructions. She is completely cooperative during the examination. The patient is alert and oriented. The patient's gait is antalgic. Toe and heel walk are compromised. There is significant tenderness in the paralumbar musculature. The midline lumbar spine from the thoracic spine down has significant range of motion. There is paraspinous muscle spasm. The paraspinous spasm is accentuated on range of motion. Forward flexion is 15 degrees. Extension is 10 degrees. Tilt to the right and left is 10 degrees with increased pain and discomfort. There is slight diminution of ankle jerk reflex. There is diminution of plantar strength. There is decreased sensation on the posterolateral feet and heels. Circulatory status is intact. The patient has sciatic stretch signs and a positive straight leg raise testing at 40 to 50 degrees in both the supine and seated position. Contralateral straight leg raise testing does produce back pain on straight leg raise testing of 70 to 75 degrees, both in seated and supine position. Abdominal palpation is

negative. The sacroiliac joints are stable on stress testing. Right ankle inspection demonstrated well-healed arthroscopic portal sites. There is significant tenderness and pain with light brushing to the lateral malleolar region. Range of motion was limited. Diagnoses were status post right ankle arthroscopy, micro fracturing of the talus 04/14/04, lumbar discopathy, status post right carpal tunnel release and trigger finger release 08/23/2011, status post right long digit and right thumb trigger finger release 6/14/13 right ankle hardware pain. No weight measurements were documented in the progress notes dated 07-26-2013, 09-06-2013, and 12-06-2013. Progress report dated 12-06-2013 reviewed physical therapy notes from 10/29/13 - 11/21/13 for carpal tunnel syndrome and the right hand. Eight visits of physical therapy for the right hand was requested 12-06-2013. Progress report dated 01-10-2014 documented that the patient complains of right ankle and low back, as well as some right hand symptomatology, and right hand pain. Physical examination 01-10-2014 documented painful range of motion in the right hand, height 5'4" and weight 213 pounds. Physical therapy note dated 12-02-2013 for carpal tunnel was reviewed. Patient was status post right carpal tunnel release and trigger finger release 08/23/2011. Ten week session of [REDACTED] weight loss was requested. Physician requested additional right hand therapy for the post trigger releases at a rate of two times a week for four weeks. Utilization review decision date was 02-14-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Weight Loss Program: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, 4 January 2005, Vol 142, No. 1, p56-66. Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. Adam Gilden Tsai MD and Thomas Wadden PhD.
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0021821/>

Decision rationale: Medical treatment utilization schedule (MTUS) does not address the [REDACTED] commercial weight loss program. An Evaluation of Major Commercial Weight Loss Programs (Systematic Review) published in the Annals of Internal Medicine, concluded that the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. Primary treating physician's progress report dated 02-07-2014 documented height 5'4" and weight 213 lbs. Progress report dated 01-10-2014 documented height 5'4" and weight 213 pounds. Ten week session of [REDACTED] weight loss was requested. No weight measurements were documented in the progress notes dated 07-26-2013, 09-06-2013, and 12-06-2013. There are no randomized controlled trials that support the effectiveness of the [REDACTED] commercial weight loss program. Therefore, the request for [REDACTED] Weight Loss Program is Not medically necessary.

Post-Op Physical Therapy to Right Hand 2 x 4 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 18-22, Chronic Pain Treatment Guidelines Carpal tunnel syndrome Page(s): 15-16, Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines provides recommendations for trigger finger. For trigger finger, postsurgical treatment recommendation is 9 visits over 8 weeks. The postsurgical physical medicine treatment period is 4 months for trigger finger. Postsurgical physical medicine treatment period is 3 months for carpal tunnel syndrome. 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. Functional improvement is either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Patient is an injured worker status post right long digit and right thumb trigger finger release 6/14/13, and status post right carpal tunnel release and trigger finger release 08/23/2011. Primary treating physician's progress report dated 02-07-2014 did not document physical examination of the hand. Progress report 01-10-2014 documented painful range of motion in the right hand on physical examination, but no other physical findings of the hand. Progress report dated 12-06-2013 reviewed physical therapy notes from 10/29/13 - 11/21/13 for carpal tunnel syndrome and the right hand. Eight visits of physical therapy for the right hand were requested 12-06-2013. Patient is status post trigger finger release surgery on 6/14/13, and status post carpal tunnel release and trigger finger release on 08/23/2011. Progress reports dated 01-10-2014 and 02-07-2014 did not document functional improvement. MTUS guidelines state that the postsurgical physical medicine period is 4 months for trigger finger and 3 months for carpal tunnel syndrome. Hand surgery was performed 6 months prior on 06-14-2013. Thus, the postsurgical physical medicine treatment period has been exceeded. No functional improvement is documented to justify additional physical therapy visits. Therefore, the request for Post-Op Physical Therapy to Right Hand 2 x 4 visits is Not medically necessary.