

Case Number:	CM15-0014615		
Date Assigned:	02/02/2015	Date of Injury:	02/25/2002
Decision Date:	03/27/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported an injury on 02/25/2002. His mechanism of injury was not included. His diagnoses included osteoarthritis, rotator cuff disease, carpal tunnel syndrome, joint pain in hand, sprain of shoulder/arm, and medial epicondylitis. His medications included venlafaxine, alprazolam, fentanyl, Norco, naproxen, omeprazole. His surgical history included a right total knee arthroplasty in 2003 (revised in 2004), a left total knee arthroplasty in 2003 (revised in 2006), and a left total hip arthroplasty in 2009. A progress report dated 01/08/2015 documented the injured worker had a history of left greater than right hip pain from his original Workers Comp claim. The right hip pain became progressively worse over the years and significantly so since 10/2013. On physical examination, it was noted that the injured worker had range of motion measured of the right hip from full extension to 96 degrees flexion, internal rotation at 20 degrees, and external rotation at 40 degrees. Palpation revealed tenderness in the right groin; no effusion or crepitus noted. There was an MRI of the right hip without contrast performed on 08/01/2014 that indicated moderate right hip osteoarthritis with extensive labral attrition and spur replacement. The right hip joint was injected with Kenalog and lidocaine on 02/24/2014, which helped for 3 weeks. Treatment have included work modification, activity modification, physical therapy, pain medication, cold therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treat for ongoing medication usage: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163.

Decision rationale: The request for Pain management consult and treat for ongoing medication usage is not medically necessary. The ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was a lack of documentation regarding aberrant drug taking behaviors, or difficulty for the injured worker to control pain with current medication. Therefore, the request for pain management consult and treat for ongoing medication usage is not medically necessary.

Re-request medical weight management - 3 counseling sessions with [REDACTED]:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163.

Decision rationale: The Re-request medical weight management - 3 counseling sessions with [REDACTED] is medically necessary. The ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The injured worker was noted to have a BMI of 39.87, which puts him at risk for surgery. Therefore, the request for counseling sessions with a dietitian for medical weight management is reasonable. The re request medical weight management 3 counseling sessions with [REDACTED] is medically necessary.