

Case Number:	CM15-0172236		
Date Assigned:	09/14/2015	Date of Injury:	07/22/1973
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male, who sustained an industrial injury on 7-22-1973. The injured worker was diagnosed as having moderate degenerative disc disease at C5-6 and C6-7, status post right shoulder surgery in 1999, bilateral shoulder impingement, left severe metacarpal joint arthrosis with subluxation, multilevel disc disease with endplate Schmorl's nodes at multiple levels (per magnetic resonance imaging 4-2015), severe right hip degenerative joint disease (per magnetic resonance imaging 2005), and myoblast hip degenerative joint disease. Treatment to date has included diagnostics, unspecified physical therapy (therapy progress reports not submitted), chiropractic, Prolo injections to the lumbar spine, and medications. On 4- 20-2015, the injured worker complains of pain in his cervical spine (6-7 out of 10), lumbar spine (5-6 out of 10), bilateral shoulders (5-6 out of 10), and bilateral hips (right greater than left and rated 8 out of 10). The pain was made better by rest and medication and made worse with weather and activities. It was documented that he was currently not working and work status was not specified. His height was 6 feet and weight was 195 pounds. Exam of the cervical spine noted "decreased" range of motion with tenderness to the paraspinal muscles and positive cervical compression. Exam of the lumbar spine noted tenderness to palpation and hypertonicity of the bilateral paraspinals. Palpation of the quadratus lumborum noted tenderness bilaterally and hypertonicity on the left. Straight leg raise was positive on the right. Sensation was decreased in the L5 and S1 nerve distributions on the left. Motor strength was 5 of 5 in the L4- S1 nerve distributions bilaterally. Exam of the right hip noted positive Patrick's sign and "decreased" range of motion secondary to pain. It was documented that he was currently doing

physical therapy for the lumbar spine and was recommended to continue, noting that it gave him "increased " range of motion, "decreased" pain, and allowed him to continue working. The current treatment plan included 12 physical therapy sessions and [REDACTED] weight loss program. The Utilization review non-certified the weight loss program and modified the physical therapy to 4 sessions on 8-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Weight loss program through [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5; 142(7): 525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. Ann Intern Med. 2005; 142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. N Engl J Med. 2005; 353 (20): 2111-2120.

Decision rationale: The claimant sustained a work injury more than 40 years ago while working as a firefighter and continues to be treated for neck and bilateral shoulder and hip pain. He was seen for an initial evaluation by the requesting provider on 02/12/15. He was having continuous back pain rated at 8/10. Physical examination findings included a BMI of 26.4. There was decreased lumbar spine range of motion with paraspinal and quite lumbar tenderness and hyper tone is a. There was positive right straight leg raising. There was decreased left lower extremity sensation. He had decreased right hip range of motion with positive Fabere testing. Physical therapy was recommended and authorization for a weight loss program is being requested. Controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non supervised weight loss program including a low calorie diet and increased physical activity. The requested weight loss program is not medically necessary.

12 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Physical therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury more than 40 years ago while working as a firefighter and continues to be treated for neck and bilateral shoulder and hip pain. He was seen for an initial evaluation by the requesting provider on 02/12/15. He was having continuous back pain rated at 8/10. Physical examination findings included a BMI of 26.4. There was decreased lumbar spine range of motion with paraspinal and quite lumbar tenderness and hyper tone is a. There was positive right straight leg raising. There was decreased left lower extremity sensation. He had decreased right hip range of motion with positive Fabere testing. Physical therapy was recommended and authorization for a weight loss program is being requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.