

<b>Case Number:</b>	CM15-0090714		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/30/1997
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61-year-old male, who sustained an industrial injury on 9/30/1997. He reported a fall off a lawn mower, striking his head and back, in addition to additional cumulative traumas causing injuries to the neck, back, knees and left arm/wrist. Diagnoses include neck sprain/strain, lumbar sprain/strain, left wrist sprain/strain, and knee sprain/strain. Treatments to date include physical therapy, acupuncture, lumbar epidural injection, and lumbar surgery currently, he complained of pain in the back rated 7/10 VAS, neck rated 8/10 VAS, left knee 5/10 VAS and pain in the left hand 3/10 VAS. On 4/16/15, the physical examination documented cervical spine tenderness and spasm with a positive foraminal compression test, decreased range of motion and diffuse numbness to bilateral hands. The lumbar spine had decreased range of motion, tenderness and muscle spasm. The left knee was tender along the post/anterior medial joint line, a positive McMurray sine and decreased range of motion. The plan of care included requests for a weight loss program, a hand therapy kit for home use and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified.

The request for a TENS unit is not medically necessary.

**Weight loss 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 National Guidelines for weight loss. Agency for Healthcare Quality Research 2010 Feb. p.96.

**Decision rationale:** According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, exercise or other behavioral interventions. There is no indication of failure or regaining of weight after prior attempts to lose weight. The current weight and BMI is not noted nor length of program intervention/details. Therefore, the request for a weight loss program is not medically necessary.

**Hand therapy kit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 321.

**Decision rationale:** According to the guidelines, therapy is recommended for initial and follow-up visits for education, counseling, and evaluating home exercise. In this case, the claimant had undergone over 30 sessions of physical therapy. Additional therapy sessions can be performed at home. The specific of a hand therapy kit were not provided nor its necessity substantiated to determine medical necessity. As a result, the therapy is not medically necessary.