

<b>Case Number:</b>	CM15-0099803		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 59-year-old female, who sustained an industrial injury on 6/05/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical disc disorder, unspecified, cervical radiculitis, not otherwise specified, right carpal tunnel syndrome, left hand ganglion cyst/tendon sheath, right hand third finger trigger finger, insomnia, weight gain, and hernia. Treatment to date has included left carpal tunnel release in 9/2012, cervical disc repair in 1/2013, and medications. On 1/07/2015, it was documented that the injured worker was pending gastric bypass by per primary treating physician, and was advised to follow a low sodium, low glycemic diet. Currently (2/23/2015), the injured worker complains of cervical pain, shoulder pain, wrist/hand pain, knee pain, thoracic pain, and lumbar pain. Pain was rated 10/10 at worst and 6/10 at best. She was documented to have noticeable stress and anxiety. Performing activities of daily living made symptoms worse and rest and pain medication were of benefit. Her body mass index was not noted. She was well developed and in no acute distress. She was ambulatory with a walker. Exam of the cervical spine noted decreased range of motion and bilateral paraspinal tenderness. Exam of the elbows noted decreased range of motion, and positive Tinel's sign on the left. Exam of her hands and fingers noted decreased range of motion and positive Tinel's bilaterally. Neurological exams of the upper and lower extremities were within normal limits. The treatment plan included a weight loss program, medical transportation, and home care (4 hours per day, every other day). A rationale for the requested treatments was not noted. Her work status was total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 30-33. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. (The National Heart, Lung, and Blood Institute (NHLBI) and the North American Association for the Study of Obesity (NAASO), National Institute of Health Obesity Guideline) [http://www.nhlbi.nih.gov/guidelines/obesity/prctgd\\_c.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf), accessed on 07/01/2015. Jensen MD, et al. 2013 AHA/ACC/TOS Obesity Guideline. J Am Coll Cardiol 2013. Overweight and obese adults - lifestyle weight management, National Institute for Health and Care Excellence (NICE). <http://guidance.nice.org.uk/PH53>, accessed on 07/01/2015.

**Decision rationale:** The MTUS Guidelines recommend that some workers with chronic pain may benefit from multidisciplinary pain programs or interdisciplinary rehabilitation programs that are proven to have successful outcomes for those with conditions that put them at risk of delayed recovery. Evidence-based Guidelines emphasize the importance of a thorough assessment of patients requiring weight loss before prescribing treatment. Some recommended elements include an in-depth review of the person's medical history, history of weight loss and gain, current diet, current exercise level, prior treatments for weight loss and their results, a detailed examination, a thorough exploration of exacerbating issues, a stratification of the current degree of excess weight, and an individualized review of appropriate goals. Treatment plans should then be based on this detailed assessment. The submitted and reviewed documentation indicated the worker experiencing anxious mood and pain throughout the back, shoulders, knees, and wrists and hands with numbness and tingling. There were no detailed assessments of the worker's weight as emphasized in evidenced-based Guidelines. There was no suggestion that the goal of the requested program was to improve the worker's function or to decrease pain medication use. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a weight loss program is not medically necessary.

### **Medical Transportation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (Online Version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The Guidelines are silent on the issue of the need for transportation. The submitted and reviewed documentation indicated the worker was experiencing anxious mood and pain throughout the back, shoulders, knees, and wrists and hands with numbness and tingling. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for medical transportation for unspecified services is not medically necessary.

**Home Care 4 Hours/Day Every Other Day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing anxious mood and pain throughout the back, shoulders, knees, and wrists and hands with numbness and tingling. There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services. Further, the request was for an indefinite amount of time, which would not account for changes in the worker's care needs. For these reasons, the current request for home care assistance four hours every other day for an indefinite amount of time is not medically necessary.