

Case Number:	CM13-0038185		
Date Assigned:	12/18/2013	Date of Injury:	10/31/2012
Decision Date:	02/03/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pediatrics and is licensed to practice in Massachusetts and New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33 yr old with repetitive injury with initial injury on 10/3/12. Patient sustained injury when he was trying to reach into a box of lettuce. Patient was found to have decreased cervical rotation and lateral bending. Treatment included medications, physical therapy and chiropractic care and TENS the treatment in dispute is Health Education Living with Pain Program (HELP).

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP (Health Education for Living with Pain Program) one time intensive interdisciplinary evaluation including physical exam, physical therapy evaluation and psychological assessment.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Decision rationale: The decision is not medically necessary. As per MTUS guidelines, there are no residual effects that warrant new physical therapy. Also as per the document, she has near normal range of motion and significant therapeutic benefit can be accrued from home exercise

program. As per MTUS 2009 active therapy is based on the philosophy that therapeutic exercise or activity are beneficial for restoring flexibility strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels.