

Case Number:	CM13-0043699		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2011
Decision Date:	06/04/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/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 injured worker is a 52 year-old male who sustained injuries to his neck and lower back on 03/11/1 after a fall at work. A notice of adverse determination dated 10/03/13 reported that the previous request for an additional six months of [REDACTED] remote care: one weekly call to include reassessment: one visit for four hours was denied on the basis that the qualified medical examiner was ambivalent about the continuation of the functional restoration program since the patient did not feel it was necessary, although it provided good functional benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL SIX MONTHS OF [REDACTED] REMOTE CARE: ONE WEEKLY CALL TO INCLUDE REASSESSMENT: ONE VISIT, FOUR HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: The request for an additional six months of [REDACTED] remote care: one weekly call to include reassessment: one visit for four hours is not medically necessary. An 08/23/13 interdisciplinary re-evaluation note reported that the patient was able to achieve his initial

functional goals of increasing standing tolerance to 60 minutes. The MTUS supports continued functional restoration program with demonstrated efficacy as documented by subjective and objective gains. Additionally, the MTUS states that total treatment duration should generally not exceed 20 visits without a clear rationale for the specified extension and reasonable goals to achieve. Given the clinical documentation submitted for review, medical necessity of the request for an additional six months of [REDACTED] remote care: one weekly call to include reassessment: one visit for four hours has not been established. Therefore, request is not medically necessary and appropriate.