

Case Number:	CM13-0065701		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2011
Decision Date:	06/19/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in California and is licensed to practice in California. 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 38-year-old male who reported an injury on 10/03/2011. The injured worker was reportedly working with a 4 wheeler when he struck a pole. Current diagnoses include right femur fracture, right knee patellar chondromalacia, medial femoral condyle arthritis and synovitis, right trochanteric bursitis with iliotibial band syndrome, mechanical back pain, and moderate depression. The most recent physician progress report submitted for review is an integrative summary report for a HELP program. It is noted that the injured worker completed a final week in the HELP program from 10/21/2013 through 10/25/2013. The injured worker reported a decrease in pain symptoms. The injured worker continued on appropriate doses of tramadol and Celebrex. The injured worker met lifting/carrying goals of 35 pounds with proper technique. Treatment recommendations at that time included a transition into a help remote care service. A request for authorization was then submitted on 11/08/2013 for 4 months of a HELP remote care program with 1 weekly call reassessment and 1 home visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Remote Care And Reassessment Weekly Call Times 4 Months QTY: 16.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the injured worker has completed an unknown duration of treatment in a HELP Functional Restoration Program. The injured worker was able to meet functional goals, maintain appropriate doses of pain and anti-inflammatory medication, and is currently compliant in a home exercise program. California MTUS Guidelines further state treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The medical necessity for an additional 4 months in an interdisciplinary program has not been established. As such, the request is not medically necessary and appropriate.

Reassessment Follow-Up Visit Times 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the injured worker has completed an unknown duration of treatment in a HELP Functional Restoration Program. The injured worker was able to meet functional goals, maintain appropriate doses of pain and anti-inflammatory medication, and is currently compliant in a home exercise program. California MTUS Guidelines further state treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The medical necessity for an additional 4 months in an interdisciplinary program has not been established. As such, the request is not medically necessary and appropriate.

Medical HELP Remote Care and Reassessment Weekly Call Times 4 Months QTY: 16.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the injured worker has completed an unknown duration of treatment in a HELP Functional

Restoration Program. The injured worker was able to meet functional goals, maintain appropriate doses of pain and anti-inflammatory medication, and is currently compliant in a home exercise program. California MTUS Guidelines further state treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The medical necessity for an additional 4 months in an interdisciplinary program has not been established. As such, the request is not medically necessary and appropriate.

Psych HELP Remote Care And Reassessment Weekly Call Times 4 Months QTY: 16.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the injured worker has completed an unknown duration of treatment in a HELP Functional Restoration Program. The injured worker was able to meet functional goals, maintain appropriate doses of pain and anti-inflammatory medication, and is currently compliant in a home exercise program. California MTUS Guidelines further state treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The medical necessity for an additional 4 months in an interdisciplinary program has not been established. As such, the request is not medically necessary and appropriate.

Physical Rehab HELP Remote Care and Reassessment Weekly Call Time 4 Months QTY: 16.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the injured worker has completed an unknown duration of treatment in a HELP Functional Restoration Program. The injured worker was able to meet functional goals, maintain appropriate doses of pain and anti-inflammatory medication, and is currently compliant in a home exercise program. California MTUS Guidelines further state treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The medical necessity for an additional 4 months in an interdisciplinary program has not been established. As such, the request is not medically necessary and appropriate.

Physical Rehab HELP Remote Care and Reassessment Weekly Call (Quantity 16): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the injured worker has completed an unknown duration of treatment in a HELP Functional Restoration Program. The injured worker was able to meet functional goals, maintain appropriate doses of pain and anti-inflammatory medication, and is currently compliant in a home exercise program. California MTUS Guidelines further state treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The medical necessity for an additional 4 months in an interdisciplinary program has not been established. As such, the request is not medically necessary and appropriate.