

<b>Case Number:</b>	CM14-0013940		
<b>Date Assigned:</b>	06/02/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 46 year old female who has been diagnosed with abdominal pain with associated diarrhea. The clinical note dated 07/10/13 indicates the injured worker has a history of chronic abdominal pain with reflux symptoms and chronic constipation. The injured worker has undergone an upper gastrointestinal series as well as an abdominal ultrasound which resulted in essentially normal findings. The injured worker also developed diarrhea following the exam as a result of utilizing the contrast material. The note indicates the injured worker has undergone a number of lab studies which resulted in essentially normal findings. Abdominal x-rays revealed essentially normal findings. The clinical note dated 02/26/14 indicates the initial injury occurred on 03/12/09. She was scanning a case of drinks when the plastic ripped causing her upper extremity pain. The injured worker had been diagnosed with extensive cervical myofascial pain as well as right shoulder impingement and carpal tunnel syndrome. The injured worker has been identified as having undergone a functional restoration program. The note indicates the injured worker had returned to work with a lifting restriction of no more than 5 lbs. The injured worker also reported right lower extremity issues. The functional restoration program report dated 02/14/14 indicates the injured worker has completed 6 weeks of a functional reactive program. The notes indicate the injured worker has been compliant with all treatment modalities. The injured worker did demonstrate an improvement through the course of treatment. The note indicates the injured worker is able to go grocery shopping, cook, clean, take her mother to the clinic, as well as meet with friends socially.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESIDE AT A LOCAL HOTEL DURING HER PARTICIPATION IN THE HELP INTERDISCIPLINARY PROGRAM WHICH IS 3 WEEKS: 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 No medical articles have been made available supporting a hotel stay for medical reasons.

**Decision rationale:** The documentation indicates the injured worker attending a functional restoration program in order to increase her working capabilities. The use of a hotel during a functional restoration program is indicated for injured workers who have significant functional deficits and are unable to travel back and forth from the treating facility and their personal residence. The clinical notes indicate the injured worker able to socialize with friends, cook, clean and take care of her mother. Additionally, the injured worker is able to go grocery shopping. Therefore, it does not appear that residence within a hotel setting is indicated for this injured worker for medical purposes. Therefore, this request is not indicated as medically necessary.