

Case Number:	CM14-0112853		
Date Assigned:	09/22/2014	Date of Injury:	09/21/2011
Decision Date:	10/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 Florida. 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 female who reported an injury on 09/02/2011. While pushing a cleaning cart up a ramp in a parking lot, the injured worker lifted the cart to clear a curb and her right knee cracked. An MRI of the right knee was performed on 10/19/2011. The prior treatments included physical therapy, massage therapy, a home exercise program, and cast. The diagnosis included ankle pain, knee pain, and radicular syndrome of lower extremities. The medications included Lyrica, Cyclobenzaprine, Ibuprofen, and Omeprazole. The physical examination dated 09/23/2013 of the right knee revealed no obvious discomfort at rest. The injured worker was noted to be walking with a limp on the right knee and ankle exam, essentially unchanged, with the patient withdrawing to palpation medial aspect of the right knee. Grimaces around at right ankle, poorly localized; no ankle swelling; no unusual skin changes, knee or ankle. Inspection of the hips revealed mild fatty bulge posterolaterally on the thigh, just inferior to the greater trochanteric area. Accumulation seems to be slightly more prominent on the right than the left, consistency of fatty tissue, and no underlying cast detected. The treatment plan included a HELP remote care for 4 months, 1 weekly call. The Request for Authorization dated 09/22/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Remote Care x 4 Months: One weekly Call: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 7

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

Decision rationale: The request for HELP remote care for 4 months, 1 weekly call, is not medically necessary. The California MTUS guidelines recommend HELP programs where there is access to programs with proven successful outcomes, for injured workers with conditions that put them at risk of delayed recovery. Injured workers should also be motivated to improve and return to work. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, individualized care plans, proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The following criteria should be met: (1) An adequate and thorough psych has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The injured worker has a significant loss of ability to function independently resulting from the chronic pain; (4) The injured worker is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The injured worker exhibits motivation to change. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. The guidelines indicate that documentation should be evidence of subjective and objective gains with care plans and proven outcomes. The clinical note was not evident of the negative relationship between the employer/supervisor; poor work adjustment satisfaction, a negative outlook about future employment; or high levels of psychological distress. Documentation lacked that the injured worker was not a candidate where surgery or other treatments would clearly be warranted. As such, a request is not medically necessary.