

Case Number:	CM14-0121848		
Date Assigned:	09/16/2014	Date of Injury:	12/04/2002
Decision Date:	10/07/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Practice, 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:

63 yr. old female claimant sustained a work Injury on 12/4/02 involving the neck and shoulder. She was diagnosed with bilateral shoulder pain with internal derangements and underwent multiple surgeries including shoulder arthroscopy, debridement and synovectomy. A progress note on 5/29/14 indicated the claimant had continued right shoulder pain. She had tried oral analgesics, therapy, TENs unit and traction. Exam findings were notable for decreased range of motion of shoulders, myofascial restriction and deltoid tenderness. The claimant had undergone 3 weeks of a HELP program (chronic pain program) and was noted to have improved range of motion, ability to work and walk. She had tried a home exercise program but lacked the equipment to do so at home. The treating physician requested a HELP reassessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HELP reassessment: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs and Page(s): 33.

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation 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 patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient 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 patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant had improvement with prior HELP program. She is motivated to improve and work. She has undergone surgery and used conservative options. Total treatment duration should generally not exceed 20 full-day sessions. . Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. For this reason, a reassessment for a chronic pain program such as HELP is medically necessary.