

Case Number:	CM14-0156538		
Date Assigned:	09/26/2014	Date of Injury:	06/11/2003
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 59 year old with an injury date on 3/25/10. Patient complains of bilateral hip pain per 8/2/13 report. Patient has trouble with gait initiation, but after several steps is able to walk well without particular pain per 5/14/13 report. Based on the 8/2/13 progress report provided by [REDACTED] the diagnoses are: 1. hip and thigh injury NOS (Not Otherwise Specified) 2. pain in joint, pelvis thigh 3. pain in joint, shoulder Most recent physical exam on 5/9/13 showed "left hip range of motion is good. Tenderness to palpation of lateral greater trochanteric region. Stable gait." [REDACTED] is requesting 1 FRP: continuous course interdisciplinary treatment for additional 40 hours. The utilization review determination being challenged is dated 9/18/13 and denies request due to [REDACTED] is the requesting provider, and he provided treatment reports from 5/1/13 to 8/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Automobile Lift for Motorized Scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Neck and upper back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain program (FRP) Page(s): 30-32.

Decision rationale: This patient presents with right hip pain and is s/p left total hip replacement from 1/7/13. The treater has asked for 1 FRP (Functional Restoration Program): continuous course interdisciplinary treatment for additional 40 hours on 8/2/13 for "reduction in medication usage." The patient had 134 hours of FRP according to utilization review letter dated 9/18/13. Patient squatted/lunged at 80% capacity on admission and now can squat at 100% and lunge at 90% per 9/18/13 utilization review. Patient was able to tolerate 5 minutes of CV bike training on admission, and can now tolerate 25 minutes per 9/18/13 utilization review. Patient is initiating exercises to strengthen core independently per 9/18/13 utilization review. The goal for the next 26 hours of FRP is to increase tolerance for cardiovascular training to 30 minutes 4 days a week per 9/18/13 utilization review. For multidisciplinary pain management programs, MTUS states, Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. 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. In this case, the patient has undergone 134 hours of FRP with significant improvement. The patient is able to bike for 25 minutes continuously and is doing core strengthening exercises independently without the help from a comprehensive functional restoration program. It would appear the program has already reached adequate goals. There is no explanation as to why the patient is unable to reach additional incremental goals on his own. Therefore, the request for Automobile Lift for Motorized Scooter is not medically necessary and appropriate.