

Case Number:	CM14-0030825		
Date Assigned:	06/20/2014	Date of Injury:	09/06/2007
Decision Date:	07/23/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 52-year-old male who was reportedly injured on September 6, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 24, 2014, indicated that there were ongoing complaints of low back pain as well as shoulder pain. The physical examination demonstrated decreased cervical spine range of motion, bilateral grip strength of 65 pounds and a negative straight leg raise test. Medications were stated to include Bupropion, Cialis, Diazepam, Hydrocodone, Lorazepam, Lyrica, Metformin, Prilosec, Dendracin, Fuconazole, Levoxyl, Lisinopril and Nortiptyline. A magnetic resonance image (MRI) of the shoulder showed a partial thickness tear of the supraspinatus tendon and subacromial bursitis. An MRI of the lumbar spine revealed chronic degenerative and postoperative changes. Previous treatment included pain medication, physical therapy, epidural steroid injections, cognitive behavioral therapy, psychological and pharmacological treatment, a home exercise program and surgery. A request had been made for an HELP program and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Program for 3 weeks of part day treatment (equating to 2 full weeks), as an outpatient for low back and right shoulder injury.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: According to the medical records provided, the injured employee has participated in many treatment procedures and programs to include surgery without resolution or improvement of his symptoms. However, inclusive criteria for a functional restoration program would include a baseline functional assessment. According to the medical records provided, the injured employee has not participated in any baseline functional testing to assess potential efficacy of a functional restoration program. This should be accomplished prior to requesting participation in a functional restoration program. Therefore, the request for Help program for three weeks, part day treatment, outpatient, is not medically necessary and appropriate.