

<b>Case Number:</b>	CM14-0034659		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Illinois. 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 49-year-old female who reported a fall on 06/06/2011. In the clinical notes dated 02/14/2014, it was annotated that the injured worker was participating in a [REDACTED]. It was annotated that the program was initiated on 07/01/2013 with 155 hours authorized for functional restoration program of which 124 hours had been completed. It was noted that for the week of 02/10/2014 to 02/14/2014, the injured worker's functional goals had been increasing with increases of standing tolerance, increasing pushing/pulling tolerance from 16 pounds to 50 pounds, and an increase to all of the injured worker's functional tolerances with the exception of standing and her lift grip strength due to self-limiting behaviors. It was noted that the injured worker appeared to be responding poorly to all of the fitness exercises; however, it was noted that she exhibited independence to initiate/institute effective strategies to manage her chronic pain and to safely participate in a home exercise program. It was noted that the injured worker had a week left of the program. The treatment plan included a structured home exercise program, a request for a pair of adjustable cuff weights (10 pounds), Norco safety exercise ball, Theracane, 1 pair of dumbbells (5 pounds), stretching strap, and a request for aftercare program ([REDACTED] remote care) for weekly goal setting and goal attaining monitoring in order to continue making functional progress, as well as maintaining the gains she had made thus far. The injured worker's prescribed medication included hydrocodone/APAP, ibuprofen, Elavil, and Lidoderm patch. A request for authorization for participation in 4 months remote care and interdisciplinary assessment was submitted on 02/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interdisciplinary Treatment 4 months of Remote Care, left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The California MTUS Guidelines state that for chronic pain programs (functional restoration programs) total treatment duration should generally not exceed 20 full day sessions (or the equivalent in part day sessions if required by part time work, transportation, childcare, or comorbidities). 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 the clinical notes provided for review, it was annotated that the injured worker is making progress in the [REDACTED]. It was annotated that he injured worker had completed 124 hours of which 1 week still remained. It is also annotated that the injured worker had been making progress and that the 1 week left would solidify the gains that she had made. Furthermore, the guidelines state that treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, which were not annotated within the clinical documentation, as such there is also a lack of documentation of the injured worker having a risk factor for loss of function of the left knee. Therefore, the request for Interdisciplinary Treatment for 4 months of Remote Care, Left Knee, is not medically necessary.

**Interdisciplinary Treatment 1 time Reassessment Appointment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The California MTUS Guidelines state that for chronic pain programs (functional restoration programs) total treatment duration should generally not exceed 20 full day sessions (or the equivalent in part day sessions if required by part time work, transportation, childcare, or comorbidities). 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 the clinical notes provided for review, it was annotated that the injured worker is making progress in the [REDACTED].

[REDACTED]. It was annotated that he injured worker had completed 124 hours of which 1 week still remained. It is also annotated that the injured worker had been making progress and that the 1 week left would solidify the gains that she had made. Furthermore, the guidelines state that treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, which were not annotated within the clinical documentation, as such there is also a lack of documentation of the injured worker having a risk factor for loss of function of the left knee. Therefore, the request for interdisciplinary treatment for 1 time reassessment appointment is not medically necessary.