

Case Number:	CM14-0037452		
Date Assigned:	06/25/2014	Date of Injury:	10/06/2012
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 43-year-old male injured on October 6, 2012. The mechanism of injury was a fall off a ladder. The most recent progress note, dated February 7, 2014, indicated that there were ongoing complaints of right thumb pain and decreased right sided grip strength as well as pain in the right fifth little toe. Current medications were stated to include Neurontin, Depakote, Buspar, Nuvigil, tramadol, and Norco. The physical examination demonstrated tenderness of the cervical spine without radicular symptoms. There was tenderness of the right ulnar collateral ligament of the elbow and of the right fifth little toe. Continued psychological support and a structured program with one-to-one cognitive behavioral therapy was recommended. Previous treatment included participation in a Day Program. A request had been made for continued participation in the [REDACTED] Day Program and was not certified in the pre-authorization process on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] day program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN Page(s): 49.

Decision rationale: According to the attached medical record, the injured employee participated in rehabilitation at the requested adult day program and was previously discharged on February 24, 2014. Outpatient treatment was recommended. According to the most recent progress note, dated February 7, 2014, before the injured employee was discharged, there were only complaints of neck pain and some pain in the little toe. This does not justify continued participation in a formal rehabilitation program. Therefore, the request for [REDACTED] Day Program is not medically necessary and appropriate.