MAXIMUS Federal Services

Case Number:	CM14-0039469		
Date Assigned:	06/27/2014	Date of Injury:	01/16/2002
Decision Date:	08/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 injured worker is a 65-year-old female who reported an injury on 01/16/2002 secondary to repetitive motion. The injured worker was evaluated on 02/13/2014 for a re-evaluation of her injury. The exam noted the patient had a full range and appropriate affect, and no suicidal or homicidal tendencies. The exam further noted the patient had a nonantalgic gait, decreased cervical lordosis, flattened thoracic kyphosis, and slightly decreased lumbar lordosis. The cervical range of motion was noted to be decreased by 50% and extension decreased by 80%. No sensory deficits were noted. Strength testing was noted to be normal and reflexes were noted to be normal. The exam noted the patient had had some regression in functionality in that the patient had not engaged in her home exercise program. The exam further stated the patient does not need to return to the HELP program for further participation in the functional restoration program at present. The recommendation was 8 sessions of physical therapy with emphasis on the home exercise program. The request for authorization dated 02/25/2014 was found in the documentation provided and noted the request was to reassess the interval measurements of progress of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary ReEval and Equipment: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The California MTUS Guidelines may recommend a chronic pain program when the patient is at risk for delayed recovery. The guidelines further recommend exercise programs for conditioning and strengthening; however, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines further state re-enrollment in repetition of the same or similar rehabilitation program is not recommended. The clinical notes indicate that the patient does not need to return to the HELP program. Therefore, due to the recommendation of the patient not returning to the HELP program, the rationale for an interdisciplinary re-evaluation is not supported. Furthermore, the guidelines do not support re-entry into a chronic pain management program after completion. Furthermore, the guidelines do not recommend a specific exercise program over another; therefore, the request for equipment is not supported. There is a lack of specific equipment being requested in the request. Therefore, the request is not medically necessary.