

Case Number:	CM14-0054079		
Date Assigned:	07/07/2014	Date of Injury:	03/13/2006
Decision Date:	09/03/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/23/2014

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 records presented for review, indicate that this 57-year-old was reportedly injured on May 13, 2006. The mechanism of injury was noted as a student jumping on her while performing customary duties as a school bus driver. The most recent progress note, dated February 18, 2014, indicated there were ongoing complaints of neck and right shoulder pains. The physical examination demonstrated decreased range of motion of the cervical spine and tenderness of the right shoulder. There was decreased right shoulder motion in comparison to the left side. There was a recommendation for the injured employee to continue home exercise as well as a recommendation for a functional restoration program. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, traction, massage, trigger point injections, bracing, and home exercise. A request was made for an evaluation for the HELP program and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One evaluation at the HELP program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines; Chronic Pain Programs (Functional Restoration).

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

Decision rationale: Amongst the criteria for a multidisciplinary pain management program as indicated by the Chronic Pain Medical Treatment Guidelines is the criteria that previous methods of treating chronic pain have been unsuccessful. The most recent medical record, dated February 18, 2014, indicated that the injured employee is still wishing to attend aquatic therapy for her right shoulder. There is also no documentation that other treatment measures have been considered such as cervical spine epidural steroid injections. Additionally, there is no documentation that the injured employee has significantly lost the ability to function independently as a result of chronic pain. For these reasons, this request for one evaluation for the HELP program is not medically necessary or appropriate.