MAXIMUS Federal Services

Case Number:	CM14-0066336		
Date Assigned:	07/11/2014	Date of Injury:	07/31/2009
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic hip, knee, and leg pain reportedly associated with an industrial injury of July 31, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier total knee arthroplasty surgery; and at least two weeks of a prior functional restoration program. In a Utilization Review Report dated April 20, 2014, the claims administrator denied a request for four months of a Help Remote Care program. In an April 18, 2014 Integrated Summary Report, the applicant was described as having attended the functional restoration program for two weeks. The applicant attended a variety of life skills workshops. The applicant had apparently attended each of the sessions in question. The attending provider sought authorization for a remote care program to help the applicant transition out of treatment and return to work within the parameters of permanent limitations. The applicant was apparently educated on various aspects of the Workers' Compensation system. The applicant was apparently using Cymbalta and Norco, it was suggested. It was stated that permanent disability was expected.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Month HELP Interdisciplinary Program Remote Care Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration via a chronic pain program should generally not exceed 20 full-day sessions or the equivalent in part-day sessions without a clear rationale for the specified extension and reasonable goals to be achieved. In this case, no clear treatment goals were outlined by the attending provider. It was not stated how the applicant could further her recovery through a four-month Help Interdisciplinary Care Remote program. The attending provider did not outline what goals could be achieved. The attending provider did not, furthermore, outline the presence of clear subjective and/or objective gains with the earlier two weeks of treatment through the Help program. The applicant remained off of work. The attending provider stated that the applicant's restrictions were unchanged. The applicant continued to remain dependent on analgesic and adjuvant medications. Such as, 4 Month HELP Interdisciplinary Program Remote Care Program is not medically.