

Case Number:	CM13-0009844		
Date Assigned:	11/08/2013	Date of Injury:	12/04/2006
Decision Date:	03/30/2015	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 50 year old female who sustained an industrial injury on December 4, 2006. She has reported pain of the right shoulder and has been diagnosed with chronic regional pain syndrome type one of the right upper extremity and severe depression. Treatment has included medications, injections, and a HELP program. The treatment plan included 6 months of HELP remote care with weekly goal setting. On July 17, 2013 Utilization Review non certified 6 months HELP Remote care and reassessment to consist of 1 weekly call and a 4 hour reassessment citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH HELP REMOTE CARE AND REASSESSMENT TO CONSIST OF ONE WEEKLY CALL AND A FOUR HOUR REASSESSMENT BETWEEN 7/10/2013 AND 1/26/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERDISCIPLINARY PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states Long-term evidence suggests that the benefit of these programs diminishes over time, Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. and Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The patient appears to have benefited from multiple treatments with HELP program. Medical documents state that the patient would be transitioning over into HELP remote care services where treatment will be aimed at continued and sustained functional improvement. The treating physician has addressed the status of her functional improvement during her remote care services, which is important to support continued treatment. As such, the request for SIX MONTH HELP REMOTE CARE AND REASSESSMENT TO CONSIST OF ONE WEEKLY CALL AND A FOUR HOUR REASSESSMENT BETWEEN 7/10/2013 AND 1/26/2014 is medically necessary.