

<b>Case Number:</b>	CM14-0195984		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39 year old female with an injury date on 04/07/2012. Based on the 10/06/2014 Functional Restoration Program Integrative Summary Report provided by the treating physician, the patient complains of "irritation at the neck and shoulder which has plagued her throughout the last few weeks. The patient "is doing well with her exercises" and "has demonstrated significant improvement overall." The patient has "completed the recommended 32 days in the FRP. Her progress was significant during this time, having reduced and eliminated her tramadol, cyclobenzaprine, and gabapentin." The diagnoses were not included in the report. The treatment plan for the patient is to "transition to our After Care Program (HELP Remote Care)", continue with current medication, and DME: gym ball, 1 pair of adjustable cuff weights (up to 5 lbs), stretch out strap, Thera- cane, BOSU, wedge cushion, and occipital float. There were no other significant findings noted on this report. The utilization review denied the request for HELP remote care; 4 months on 10/30/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/08/2014 to 10/08/2014. The treatment plan for the patient is to "transition to our After Care Program (HELP Remote Care)", continue with current medication, and DME: gym ball, 1 pair of adjustable cuff weights (up to 5 lbs), stretch out strap, Thera- cane, BOSU, wedge cushion, and occipital float. There were no other significant findings noted on this report. The utilization review denied the request for HELP remote care; 4 months on 10/30/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/08/2014 to 10/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP remote care; 4 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49, 30-33.

**Decision rationale:** According to the 10/06/2014 report, this patient presents with "irritation at the neck and shoulder which has plagued." The current request is for HELP remote care; 4 months. The UR denial letter states "the clinical documentation submitted for review does not support that the patient requires an additional 4 months of treatment." "There are no exceptional factors noted within the documentation to support that the patient requires extended treatment." Regarding functional restoration programs, MTUS recommends the total treatment duration should not exceed 20 full-day sessions or 160 hours. Review of the report shows the patient has "completed the recommended 32 days in the FRP. Her progress was significant during this time, having reduced and eliminated her tramadol, cyclobenzaprine, and gabapentin." MTUS guidelines supports functional restoration programs, the patient must have a proper evaluation to determine their candidacy and no more than 20 full-day sessions are recommended in most cases. In this case, the request for HELP remote care; 4 months exceeds what is recommended by the guidelines. The current request is not medically necessary.