MAXIMUS Federal Services

Case Number:	CM15-0181011		
Date Assigned:	09/22/2015	Date of Injury:	05/12/2012
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 an 87 year old female who sustained an industrial injury on 05-12-2012. Diagnoses include pain in joint-right shoulder, pain in the thoracic spine and closed fracture of the ribs. A physician progress note dated 08-03-2015 to 08-07-2015 documents the injured worker had completed 10 days of HELP therapy and had improved significantly. She has plans to return to work. She started the program on 07-27-2015. She has made excellent progress in physical therapeutic and rehabilitative approaches, cognitive behavioral therapeutic approaches, relaxation strategies and pacing strategies. She had a minor flare with some back pain from a lift and carry exercise, so she worked on stretching and relaxation. She increased her overhead range of motion of the right shoulder to greater than 90 degree in flexion and abduction-up from 82 degrees and increasing right sided lifting-carrying from 4 pounds to 10 pounds. By the week ending 07-31-2015 her baseline for range of motion of the right shoulder had changed since the time of her initial HELP evaluation increasing from 82 degrees to 90 degrees in flexion and abduction. Her standing tolerance is 30 minutes, walking tolerance is 33 minutes. She has crush grip strength of 25 pounds on the right and 30 pounds on the left. In a note dated 06-29-2015 there is documentation that the injured worker has difficultly with activities of daily living such as bathing, grooming and dressing and is dependent for performance of her home duties. She is utilizing Hydrocodone at approximately 30 mg a day. Treatment to date has included diagnostic studies, medications, status post arthroscopic rotator cuff repair, physical therapy, cortisone injections, and HELP Program. Her medications include Lovastatin, and One-A-Day vitamin. She is not working. The Request for Authorization dated 08-19-2015 is for HELP program and round trip transportation. On 08-14-2015, the Utilization Review non-certified the requested treatment of 80 Hours (16) days of health education for living with pain (HELP) program.

IMR ISSUES, DECISIONS AND RATIONALES

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

80 Hours (16) days of health education for living with pain (HELP) program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: In this case, the claimant has chronic pain related to the injuries noted in the summary above. The claimant has completed 16 days of FRP/chronic pain program with improvement. However, the guidelines recommend that program should not exceed 20 days of treatment. Although, she has a desire to continue working as she has been part-time, the request for additional 16 days of HELP program exceeds the guidelines recommendations and is not medically necessary.