

Case Number:	CM15-0186041		
Date Assigned:	10/05/2015	Date of Injury:	06/15/2012
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 6-15-2012. She reported pain in the left shoulder and left arm from a slip and fall. Diagnoses include left shoulder rotator cuff tear, status post two shoulder surgeries, and adhesive capsulitis, myofascial syndrome in the left shoulder girdle, and right wrist pain compensatory from overuse. Treatments to date include activity modification, braces, casts, physical therapy, and medication therapy. Currently, she complained of ongoing pain in the left arm rated 5 out of 10 VAS at best and 8 out of 10 VAS at worst. On 8-12-15, she underwent an initial evaluation for a functional rehabilitation program. The physical examination documented restrictive range of motion in the left shoulder. The physical therapy evaluation documented decreased range of motion in the cervical and lumbar spine and in the left arm with decreased strength. The plan of care included a multidisciplinary approach to increase and improve function. The appeal requested authorization for a Health Education for Living with Pain (HELP) Program (a functional restoration program), 80 hours, and daily transportation. The Utilization Review dated 8-31-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Daily transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, updated 2015, Chapter: Knee & Leg (Acute & Chronic), updated 7/10/15, Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation.

Decision rationale: The patient presents with pain affecting the left arm. The current request is for Daily transportation. The treating physician report dated 8/12/15 (32B) states, "I believe daily transportation to be reasonable to facilitate the medically necessary FRP. This patient's commute is approximately 30 minutes one-way and includes travel through traffic-ridden area. To ensure that (the patient) receives full benefit and makes the required progress in the FRP, please authorize daily transportation to and from the HELP FRP." The MTUS guidelines do not address the current request. The ODG guidelines discuss transportation to and from appointments in the Knee and Leg Chapter. It is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, there is no documentation provided that suggests the patient's injury prevents her from providing her own transportation to and from the FRP program. Furthermore, the current request does not specify a duration or frequency in which the "daily transportation" would occur and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.

Health education for living with pain program, quantity: 80 hours: Overturned

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): Functional restoration programs (FRPs).

Decision rationale: The patient presents with pain affecting the left arm. The current request is for Health education for living with pain program, quantity: 80 hours. The treating physician report dated 8/12/15 (32B) states, "Based on the HELP evaluation team's assessment, we recommend that (the patient) participate in our HELP Interdisciplinary Pain Rehabilitation program. We have described a significant loss of ability to function. We have established that (the patient) is not a candidate for surgical treatment. We have identified a stated motivation to change and forgo secondary gains." In this case, the patient appears to be a candidate for functional restoration program, and the requested 80 hours does not exceed what is allowed per MTUS. The current request is medically necessary.