MAXIMUS Federal Services

Case Number:	CM15-0047478		
Date Assigned:	03/19/2015	Date of Injury:	11/29/2011
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male who sustained an industrial injury on November 29, 2011. He has reported pain in the shoulders, elbows, knees, and lungs and has been diagnosed with strain bilateral knees, moderate, chronic, recurrent, progressive, degenerative osteoarthritis bilateral knees right greater than left status post right total knee arthroplasty, strain bilateral shoulders, degenerative osteoarthitis acromioclavicular joint, bilateral shoulders, and subacromial impingement syndrome bilateral shoulders. Treatment has included individual psychotherapy, medication, brace/casts, physical therapy, TENS unit, massage, exercise, and nerve blocks. Currently the injured worker complains of pain in the shoulders, elbow, knees, and lungs. The treatment request included additional 16 days of interdisciplinary pain rehabilitation, HELP program. The patient had completed only 11 of 16 authorized days when the program was temporarily suspended so that he could get his "significant pulmonary issues" and "multiple medical issues" worked up and resolved prior to continuation in the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 16 Days of Interdisciplinary Pain Rehab, HELP Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for Additional 16 Days of Interdisciplinary Pain Rehab, HELP Program, a functional restoration program, California MTUS states that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains and total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Within the medical information available for review, the patient still has 5 authorized days remaining in the program and the program was suspended so that the patient could have multiple medical issues worked up and addressed. As the patient still has 5 authorized days of the program pending and there is no indication that the other medical issues forcing suspension of the program have been resolved, there is no clear indication for continuation of the program at this time. In light of the above issues, the currently requested Additional 16 Days of Interdisciplinary Pain Rehab, HELP Program is not medically necessary.