

Case Number:	CM14-0115781		
Date Assigned:	08/04/2014	Date of Injury:	11/29/2011
Decision Date:	10/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 39-year-old female who reported an injury on 11/29/2011 due to a trip and fall. On 09/23/2013 the injured worker presented for a urinalysis. There were no inconsistencies stated. Lack of documentation of an updated physical examination providing the medical documentation. The current clinical note was not submitted. The provider recommended a HELP program consult/evaluation. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Help Program Consult/Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, updated guidelines, Chapter 6, page 163

Decision rationale: The request for a Help Program Consult/Evaluation is not medically necessary. The California MTUS Guidelines a consultation is intended to aid in the assessing the diagnoses, prognosis, therapeutic management, determination of medical stability, and

permanent residual loss and/or examinee's fitness to return to work. There was lack of documentation submitted, an updated physical assessment as well as the provider's rationale for the injured worker's participation in the HELP program. As such, medical necessity has not been established.