

Case Number:	CM14-0091960		
Date Assigned:	07/25/2014	Date of Injury:	03/08/2012
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 injured worker is a 67-year-old female who reported an injury on 03/08/2012 after a slip while delivering a meal. The injured worker reportedly sustained an injury to her bilateral hands, right hip and low back. The injured worker's treatment history included physical therapy, multiple medications, and a functional restoration program. The injured worker was evaluated on 05/30/2014 after completing 6 weeks of a functional restoration program. At that time, a request was made for functional restoration program remote care followed by an interdisciplinary reassessment to revise the treatment plan. It was noted that the injured worker had been provided coping mechanisms and had an increase in function and decrease in medication usage resulting from the 6 week functional restoration program. The injured worker's medications included tramadol extended release, Bystolic, levothyroxine, Cymbalta, Prilosec, Probiotic, Excedrin, Vicodin, Zolpidem, vitamin D and a multivitamin. A request was made for 1 weekly call for 4 months (HELP remote care) and 1 visit for 4 hours for reassessment. A Request for Authorization form to support the request on 05/30/2014 was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Weekly call for 4 months (help remote care): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Program Page(s): 32.

Decision rationale: The requested 1 Weekly call for 4 months (help remote care) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 160 hours of participation in a functional restoration program. The requested additional weekly calls for 4 months extends treatment beyond this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond the 160 hour recommendation. Although it is noted within the documentation that the injured worker would benefit from weekly monitoring to assist with maintaining improvement levels, there is no documentation of why this cannot be handled by the primary treating physician, and requires additional interdisciplinary treatment.

1 Visit (4 hours) reassessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Program Page(s): 32.

Decision rationale: The requested 1 Visit (4 hours) reassessment is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 160 hours of participation in a functional restoration program. It is noted within the documentation that the injured worker has completed 6 weeks of participation in a functional restoration program with significant improvements in both social and physical function. Therefore, the need for an additional reassessment would not be supported. As such, the requested 1 Visit (4 hours) reassessment is not medically necessary or appropriate.