

Case Number:	CM15-0012352		
Date Assigned:	02/02/2015	Date of Injury:	07/08/2011
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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: Utah, Arkansas
 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 a 48 year old female, who sustained an industrial injury on July 8, 2011. She has reported foot pain. The diagnoses have included diabetes, peripheral neuropathy, bunion deformity, pes planovalgus, bilateral metatarsophalangeal osteoarthritis and chronic plantar fasciitis. Treatment to date has included X-ray, bone scan, orthotics, aqua therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and acupuncture. Currently, the IW complains of right foot pain rated 8/10 and left foot pain rated 6/10 and observed stereotypical flat foot with shuffling gait. Treatment includes Arizona braces. On January 8, 2015 utilization review non-certified a request for HELP program assessment #1, noting not a significant loss of ability to function independently from chronic pain. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Program Assessment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 49, Functional Restoration Program..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for HELP Program. The clinical records lack documentation that the patient has undergone a functional capacity evaluation to define objective goals. According to the clinical documentation provided and current MTUS guidelines; a HELP Program is not indicated as a medical necessity to the patient at this time.