

Case Number:	CM15-0173308		
Date Assigned:	09/15/2015	Date of Injury:	06/19/2010
Decision Date:	10/14/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California
 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 35 year old female, who sustained an industrial-work injury on 6-19-10. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement, myofascial restrictions, severe depression, cervical pain, cervical strain, rotator cuff disorders and chronic pain syndrome. Treatment to date has included pain medication, physical therapy (unknown amount), acupuncture, chiropractic, diagnostics, ice and heat, pool and spa therapy, and home exercise program (HEP). Medical records dated (3-18-15 to 8-19-15) indicate that the injured worker complains of left side head pain, neck pain, left shoulder pain, left arm pain and left upper back, mid back and low back pain. The pain is rated 8-9 out of 10 on the pain scale and has been unchanged. She reports that the pain may decrease to 4 out of 10 with medication but the pain is present 90 to 100 percent of the time. The medical records also indicate worsening of the activities of daily living due to pain and reports anxiety, depression and panic attacks. Per the treating physician report dated 4-23-15 the injured worker has not returned to work. The physical exam dated (4-23-15 to 7-10-15) reveals pain is rated 10 out of 10 on pain scale and unchanged from previous visits. She appears to be depressed. She also complains headaches, joint pain and swelling, morning stiffness, numbness, muscle aches, decreased muscle strength, mood swings, anxiousness and depression. She state that the medications are not working well. There is tenderness to palpation of the cervical spine and in the left trapezius. There are motor deficits noted in the left upper extremity. She is unable to abduct her left arm past 90 degrees. The medical record dated 8-19-15 the physician indicates that the injured worker is caring for her 4 children and will be away from home during the week

and she will not be able to complete the child care duties during her enrollment and therefore is recommending childcare during her time in the HELP program. The original Utilization review dated 9-2-15 partially certified a request for HELP Program to HELP program 5 days per week for 2 weeks 8 hours a day, and non-certified the Childcare as the medical necessity was not established per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Program: 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: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve and return to work. The claimant has failed other conservative measures. The request for the trial of 10 sessions at functional restoration program (HELP) is medically necessary.

Childcare: Upheld

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): Home health services.

Decision rationale: According to the MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Although childcare is not mentioned, it is similar to the definition of personal care. In addition, the claimant will be attending HELP 40 hours per week, which exceeds the amount of hours allotted by the guidelines. The request for childcare services is not medically necessary.