MAXIMUS Federal Services

Case Number:	CM13-0013331		
Date Assigned:	04/23/2014	Date of Injury:	10/15/2007
Decision Date:	06/10/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/17/2013

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 Occupational Medicine, has a subspecialty in Preventive Medicine, 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 patient is a 51-year-old female with the date of injury of 10/15/2007. The medical record associated with the request for authorization, is a primary treating physician's progress report, dated 07/22/2013, which lists subjective complaints as pain in the right elbow and wrist. The patient describes her pain as aching, burning, and stabbing with accompanying muscle spasms. The objective findings consists of examination of the right upper extremity, which revealed no loss of range of motion. The distribution of pain is consistent with the right median nerve. No crepitus was noted. The right wrist Tinel's sign was positive. The Phalen's test was positive on the right hand. Palpation of the right elbow was tender over the medial and lateral epicondyles musculature. The diagnoses listed are: 1. Reflex sympathetic dystrophy of the upper limb, and 2. Ulnar neuropathy. There is no evidence in the medical records provided for review, that the patient underwent a comprehensive evaluation prior to her starting the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM 160 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS).

Decision rationale: The Official Disability Guidelines indicate that prior to commencing a functional restoration program; an adequate and thorough multidisciplinary evaluation should be made. This should include pertinent validated diagnostic testing that addresses the following: (a) A physical exam that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient as a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized. Although the primary emphasis is on the work-related injury, underlying non-work related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment; (b) Evidence of a screening evaluation should be provided when addiction is present or strongly suspected; (c) Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and/or locus of control regarding pain and medical care) or diagnoses that would better be addressed using other treatment should be performed; and (d) An evaluation of social and vocational issues that require assessment. There is no evidence in the medical records that a multidisciplinary evaluation had been made. The [redacted] Functional Restoration Program, 160 hours is not medically necessary.