

Case Number:	CM13-0030468		
Date Assigned:	11/27/2013	Date of Injury:	09/22/2009
Decision Date:	11/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine & 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 53 years old male who reported an injury on 04/29/2013 due to cumulative trauma secondary to a lifting injury. He is diagnosed with status post right wrist fracture. Past treatments included modified work activities and wearing a wrist brace. According to an unofficial clinical note on 07/01/2013, the injured worker reported that an X-ray of the right wrist was completed by a previous healthcare provider which confirmed a right wrist fracture. Additionally, an official MRI evaluation of the right elbow, dated 07/19/2013, noted right extensor-supinator tendinosis and a tear at the lateral humeral epicondyle. There was no surgical history provided. During the 07/01/2013 visit, the injured worker reported 6-7/10 right wrist and elbow pain with right hand weakness that is relieved with right arm immobility. A physical evaluation on 07/01/2013 noted the right shoulder range of motion to be flexion of 160 degrees and abduction of 90 degrees with positive bilateral Spurling's test. Additionally, the right wrist was noted to have range of motion as flexion of 45 degrees, extension of 10 degrees, and radial deviation of 5 degrees. The injured worker is noted to be taking MS Contin for pain with no duration, frequency, or dosage documented. As of 07/01/2013, the treatment plan was to obtain an MRI of the right wrist for further physiologic examination, continue previously prescribed medications, and begins physical therapy of two times a week for three weeks for a total of six visits for functional improvement and to alleviate discomfort. A request was received for a comprehensive multidisciplinary assessment. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Multidiscipline Assessment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chronic Pain, Functional Restoration Approach to Chronic Pain Management Page(s): 6-8 and 31.

Decision rationale: The request for Comprehensive Multidiscipline Assessment is not medically necessary. The MRI evaluation, dated 07/19/2013, noted the presence of right extensor-supinator tendinosis and a tear at the lateral humeral epicondyle. Additionally, injured worker reported pain rated 6-7/10 that is relieved with right arm immobility and he was also noted to be taking MS Contin for pain management. The California MTUS Guidelines recommends comprehensive multidisciplinary therapy for pain management that is functional-oriented and not pain oriented. The functional restoration approach includes pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies under the supervision and direction of one or two specialists in a multidisciplinary pain clinic. However, evidence-based studies also show the effectiveness of a comprehensive functional restoration multidisciplinary treatment program is less likely for injured workers who suffer from prolonged chronic pain. The injured worker reported pain relief when his right arm is immobile, however, a component of the treatment program is physical and occupational therapy. The MRI did reveal right arm injuries, but evidence of functional deficits was not provided. Furthermore, quantifiable evidence of pain improvement and increased functional mobility with the use of MS Contin and the injured worker's recommended physical therapy was not documented. Based on this information, the request is not supported. As such, this request is not medically necessary.