

Case Number:	CM13-0033511		
Date Assigned:	03/28/2014	Date of Injury:	02/21/2012
Decision Date:	05/02/2014	UR Denial Date:	09/21/2013
Priority:	Standard	Application Received:	10/10/2013

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, 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:

This patient is a 27-year-old female with a 2/21/12 date of injury. Subjective complaints include trapezial strain with spasms and shooting, burning, numbing pain down her arm to her fingers, and objective findings include tenderness at the right trapezius, and right infraspinatus with associated taut muscle bands. The patient's current diagnoses include repetitive strain injury involving the right upper trapezius and right infraspinatus muscles, myofascial pain, and cervical sprain/strain, and treatment to date has been acupuncture, physical therapy, home exercise program, trigger point injections, and medications. Medical reports state that an evaluation for the program was done with completion of baseline functional testing. It is stated that the patient has no problems with activities of daily living, is able to sleep through the night, but is sometimes woken up by pain in her right trapezius, and does not think her pain impacts her ability to relate with others. There is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain. In addition, there is no documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ACTIVE REHABILITATION PROGRAM TWICE A WEEK FOR TWO WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a functional restoration/chronic pain program can be recommended with documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. In addition, the MTUS Chronic Pain Medical Treatment Guidelines state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of repetitive strain injury involving the right upper trapezius and right infraspinatus muscles, myofascial pain, and cervical sprain/strain. In addition, there is documentation that an adequate and thorough evaluation has been made, including baseline functional testing, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, and the patient exhibits motivation to change. However, given documentation that the patient has no problem with activities of daily living, is able to sleep through the night, and does not think her pain impacts her ability to relate with others, there is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain. In addition, there is no documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.