

Case Number:	CM13-0036252		
Date Assigned:	12/13/2013	Date of Injury:	10/14/2010
Decision Date:	02/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 57-year-old who reported an injury on 10/14/2010. The mechanism of injury was a crush injury sustained by blunt force trauma to the dorsum of the right hand. Initial treatment included rest, medication, and physical therapy. Her initial diagnoses included De Quervain's tenosynovitis, wrist and elbow strain, shoulder impingement, and cervical disc disease with radiculitis. The patient continued to have unproportionate pain in regard to the injury, and this was accompanied by temperature changes, color changes, edema, hyperalgesia, and allodynia in the right hand and arm. She was then diagnosed with complex regional pain syndrome. The patient was noted to have received an MRI of the hand as well as CT scan of the wrist; these results were not discussed or provided or for review. The patient is known to have declined sympathetic blocks, and pain psychology was denied through the carrier. Her injuries, corroborated by imaging studies, did not require surgical correction. She has had continued pain and discomfort as well as a decrease in functional abilities, has developed significant sleep and mood disorders, and has not returned to work. The patient's current medications include nabumetone 500 mg, 2 tabs daily; Tylenol 3, two tabs daily; and a ThermaCare heat wrap, 2 wraps a day. The patient's most recent ranges of motion were obtained on 09/25/2013 and include right shoulder flexion of 130 degrees, left shoulder flexion of 10 degrees, right abduction of 105 degrees, left abduction of 140 degrees, external rotation 25 degrees on the right and 35 degrees on the left. She is noted to have intact reflexes throughout, right shoulder strength of 4/5, and decreased sensation to light touch and sharp/dull discrimination throughout the right upper extremity including hand, forearm, and shoulder. The patient's current diagnoses include reflex sympathetic dystrophy to the right upper limb, 337.21 and shoulder joint pain, 719.41. There were no other

IMR ISSUES, DECISIONS AND RATIONALES

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

functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Programs Section Page(s): 32-36.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of chronic pain programs for patients who have exhibited delayed recovery. Criteria that must be met in order to indicate the need for a program participation include an adequate and thorough evaluation must be performed and include 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; the patient has a significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success above have been addressed. Negative predictors of success include a negative relationship with the employer/supervisor; poor work adjustment and satisfaction; a negative outlook about future employment; high levels of psychosocial distress; involvement in financial disability disputes; greater rates of smoking; duration of pre-referral disability time; prevalence of opioid use; and pretreatment levels of pain. According to the medical records submitted for review, the patient obtained a thorough interdisciplinary evaluation and previous methods of treating her chronic pain have been unsuccessful; she has had modified work restrictions, medications, and over 24 physical therapy sessions with other treatment requests being denied. However, although the patient has some range of motion and muscle strength deficits to her right upper extremity, these deficits are not significant. The patient's diagnoses do not lend themselves to surgical correction and the patient is noted to have motivation to return to work. All of the patient's negative predictors of success have been addressed and goals have been created appropriately. Unfortunately, the current request does not detail the length of time anticipated for participation in this program; therefore, the Guideline compliance cannot be determined. The request for a functional restoration program is not medically necessary or appropriate.