

Case Number:	CM13-0037598		
Date Assigned:	12/18/2013	Date of Injury:	10/07/2009
Decision Date:	04/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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, has a subspecialty in Interventional Spine 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 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:

This is a 50 year-old male who as injured on 10/7/09. He has been diagnosed with chronic pain syndrome, moderate depression; RUE cubital and carpal tunnel syndrome; right anterior forearm trauma requiring 7-surgeries; right wrist CTR with revisions and multiple skin grafts. According to the 8/20/13 HELP program report by [REDACTED], the patient has right upper extremity weakness and pain. He recommends returning to 2- weeks at the HELP program.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 WEEKS OF HELP INTERDISCIPLINARY PAIN REHABILITATION PROGRAM:

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: According to the 8/20/13 HELP program report by [REDACTED], the patient has right upper extremity weakness and pain ranging from 7-8/10. [REDACTED] requested returning to the HELP functional restoration program for 2-weeks. The records show the patient has been

evaluated at the HELP program on 1/17/13 and was treated in the HELP program in March, April and May 2013. He has not returned to work, and his pain levels prior to the program remain 8/10. There does not appear to be any significant reduction in pain, improvement in function or quality of life. The patient has had over 6-weeks of the FRP, and MTUS states: " Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The need for repeating the FRP that was unsuccessful in the past is not in accordance with MTUS guidelines.