MAXIMUS Federal Services

Case Number:	CM13-0057151		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2012
Decision Date:	04/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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:

The applicant is a represented [redacted] employee who has filed a claim for forearm joint pain reportedly associated with an industrial injury of November 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of the left wrist of March 21, 2013, reportedly interpreted as normal; and 10 sessions of work hardening, per the claims administrator. In a utilization review report of November 18, 2013, the claims administrator denied a request for 160 hours of a functional restoration program, stating that the attending provider had not furnished the outcome of the previously certified 10 sessions of work hardening. It is noted that the claims administrator cited non-MTUS-ODG Guidelines, although the MTUS does address the topic at hand. The applicant's attorney subsequently appealed. In a psychological evaluation dated October 31, 2013, the applicant is described as working modified duty with a 5-pound lifting limitation. The applicant has issues with depression. There is some muscular atrophy noted about the left forearm. The applicant is reportedly having a Global Assessment Functioning (GAF) of 50. In one section of the report, it is stated that the applicant is working modified duty while other sections of the report state that the applicant is worried about her ability to return to work, implying that she is not in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 HOURS OF FUNCTIONAL RESTORATION 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): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment is "not suggested" for longer than two weeks without evidence of demonstrated efficacy as documented by both subjective and objective gains. In this case, the 160 hours of treatment represents treatment well in excess of the two-week trial course suggested on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that it is unclear why the applicant needs such an intense course of treatment at this point in time, given the diagnoses of wrist strain and lateral epicondylitis reportedly present here. It is not clearly stated why previous means of treating chronic pain have been successful and why there is an absence of other options which can result in significant clinical improvement. Several criteria for pursuit of functional restoration program set forth on page 32 of the guidelines have not seemingly been made. Therefore, the request is not certified, on independent medical review.