

Case Number:	CM13-0065360		
Date Assigned:	01/03/2014	Date of Injury:	05/21/2012
Decision Date:	05/26/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 & 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:

The patient is a 32-year-old female with date of injury of 05/21/2012. The listed diagnoses according to [REDACTED] dated 11/15/2013 are: 1. Sprain of radiocarpal joint. 2. Carpal tunnel syndrome. 3. Chronic pain syndrome. According to the report, the patient complains of left hand numbness and pain in the left elbow and left shoulder. Her pain is about 4-8/10 with medications providing 30% relief. However, she is not taking any medications at this time. She continues to perform her home exercise program, but is having little success. She is also currently working 29 hours a week with pain. Examination shows there is tenderness to palpation of the left wrist. Range of motion in the bilateral hands is limited due to pain. There is decreased sensation in touch in the palm area. The utilization review denied the request on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY (20) DAY PARTICIPATION IN A MULTIDISCIPLINARY PAIN PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), Page(s): 30-33.

Decision rationale: This employee presents with chronic left hand, left elbow, and left shoulder pain including chronic pain syndrome. The treating provider is requesting a 20-day participation in a multidisciplinary pain program. The MTUS Guidelines page 30 to 32 recommend functional restoration programs and indicate it might be considered medically necessary when all criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain have been unsuccessful. 3. Significant loss of ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be. 5. The patient exhibits motivation to change. 6. Negative predictors of success above have been addressed. These negative predictors include evaluation for poor relationship with employer, poor work satisfaction, negative outlook in the future, et cetera.

In this case, the treating provider does not discuss that the employee has been evaluated for these issues. Furthermore, MTUS Guidelines require “all” the criteria mentioned above be met before consideration is given for participation in a multidisciplinary pain program. Recommendation is for denial.