

Case Number:	CM14-0001030		
Date Assigned:	02/03/2014	Date of Injury:	11/14/2012
Decision Date:	06/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 patient is a 47-year-old female who has submitted a claim for Neuropathic Right Elbow Pain associated with an industrial injury date of November 14, 2012. The medical records from 2013 were reviewed, which showed that the patient complained of constant elbow pain, rated 6-7/10. She also complained of numbness and tightness in the right anterior forearm and occasionally to the thumb. There was also intermittent forearm numbness/tightness. On physical examination, there was weakness of the right distal upper extremity. There was point tenderness over the lateral epicondyle. The treatment to date has included medications, braces/cast, physical therapy, right elbow injections, and transcutaneous electrical nerve stimulation (TENS) unit. A utilization review from February 3, 2014 denied the request for evaluation with HELP - Health Education for Living with Pain program. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION WITH HELP-HEALTH EDUCATION FOR LIVING WITH PAIN PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, the medical records showed that despite previous treatment, the patient was not able to return to work since November 21, 2012 and she needed assistance with home duties. However, the medical records failed to provide a thorough evaluation including baseline functional testing. There was also no discussion regarding absence of other treatment options including surgery. Negative predictors of success were also not addressed. The MTUS criteria were not met. Therefore, the request is not medically necessary.