

Case Number:	CM14-0006570		
Date Assigned:	03/03/2014	Date of Injury:	05/30/2010
Decision Date:	07/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery. 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 claimant is a 53-year-old who was injured on May 30, 2010. The claim is documented as having a history of diabetes and current medications include. The claimant is status post bilateral carpal tunnel release with repeat release on the left 2012. Arthroscopic intervention was performed on left shoulder the 13th tubal ligation was performed in 2001. The clinical progress note dated December 18, 2013, documents diminished range of motion of left shoulder with tenderness palpation. A positive impingement, sign, and empty can test are noted. Examination the hands and wrist reveals no instability, but there is limited range of motion in all planes. There's terrorists palpation over a system mass of the anterior aspect of all and in the dorsum of the left hand. There is a positive Tinel's and Finkelstein's test bilaterally. There is a positive Phalen's test the left. The utilization review in question was rendered on January 13, 2014. The reviewer specifically denied the requests for the functional restoration program noting that acupuncture has also been requested and certified. The reviewer indicates that range of motion and muscle testing is a standard part of the physical examination and that there are no large clinical studies to support the use of computer-aided testing. The request psychological evaluation was denied on the basis of a lack of subjective complaints of depression or anxiety or other psychological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPERVISED FUNCTIONAL RESTORATION PROGRAM ONCE (1) A DAY FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-34.

Decision rationale: The Chronic Pain Medical Treatment Guidelines lays out specific criteria for the general use of functional restoration programs. This includes an indication that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Based on the documentation provided, the clinician recommends acupuncture, transdermal compounds, and benzodiazepines. It would appear that the clinician is of the opinion that there are other options that may be beneficial for this individual. The request for supervised functional restoration program, once daily for six weeks, is not medically necessary or appropriate.

RANGE OF MOTION AND MUSCLE TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine Prospective Clinical Study Notes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: There is no scientific evidence to support this request.

Decision rationale: This is a standard portion of the physical examination and in fact was documented on the most recent clinical progress note. It is unclear what the provider was specifically requesting with this. Although, there is no evidence-based medicine to support the use of computer-aided range of motion and muscle testing. The request for range of motion and muscle testing is not medically necessary or appropriate.

PSYCHOLOGICAL CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of psychological evaluation and management of chronic pain. Based on clinical documentation provided, the psychological symptoms questionnaire was provided on December 18, 2013. The claimant noted a large array of psychological symptoms. The request for psychological consultation is medically necessary and appropriate.