

Case Number:	CM14-0015812		
Date Assigned:	03/03/2014	Date of Injury:	08/17/2011
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

This is a 50 year old female injured worker with date of injury 8/17/11 with related right wrist pain. She underwent transposition of the extensor carpi radialis on 1/9/13. She has been treated with physical therapy (which she stated had not helped and that the exercises in therapy actually made her worse) and medication management. She reported doing okay at work on restricted duties, but has to be careful about how much repeated work she does or it will flare the wrist up. Per 12/12/13 progress report, she is a seasonal worker. Her work season is scheduled to resume this summer. She was very conflicted about resuming agricultural work due to escalation of her pain being associated with risk of new or progressive injury. She reported feeling like she was risking her future employability to use her arm now.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION: Overturned

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 Chronic Pain Programs (Functional restoration program) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic Pain Programs

Decision rationale: MTUS CPMTG states that chronic pain programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. The criteria for the general use of multidisciplinary pain management programs are as follows: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (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) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed" (there are many of these outlined by the MTUS). Review of the documentation submitted for review support the request for an initial interdisciplinary [REDACTED] evaluation for the [REDACTED] functional restoration program to improve utilization of the injured worker's right upper limb with the view of preparing her for gainful employment upon resumption of her seasonal work. Per the records submitted, the injured worker's limitation is an inability to perform occupational tasks, which are seasonal. Per 12/12/13 progress note, she was diagnosed with chronic right forearm pain; chronic right wrist extensor tendonitis; and probable early chronic regional pain syndrome. CRPS has not been clearly diagnosed, and if there is any component of it, the best treatment for it is to have aggressive PT/OT as would take place in an FRP. The request is medically necessary.