

Case Number:	CM14-0137310		
Date Assigned:	09/05/2014	Date of Injury:	11/04/2011
Decision Date:	10/02/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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 Internal Medicine and is licensed to practice in New York. 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 44 year old male who sustained an industrial injury on 11/04/2011. The mechanism of injury was not provided for review. His diagnoses include bilateral elbow pain. He complains of bilateral elbow pain that radiates to both shoulders, neck and into the hands. The pain is worse with activities. On exam there is painful range of motion in the cervical spine, tenderness to palpation of the elbows medially and laterally with decreased range of motion. Treatment has included medications including topical compounds, left elbow debridement, steroid injection therapy, elbow straps, physical therapy, and activity modification. The treating provider has requested a functional restoration program for the elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for the Bilateral Elbow: 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 Page(s): 32.

Decision rationale: Recommended depending on identification of patients that may benefit from early intervention via a multidisciplinary approach, as indicated below. The likelihood of return

to work diminishes significantly after approximately 3 months of sick leave. It is now being suggested that there is a place for interdisciplinary programs at a stage in treatment prior to the development of permanent disability, and this may be at a period of no later than 3 to 6 months after a disabling injury. The documentation indicates the patient has tried and failed conservative and interventional modalities for pain control. An evaluation for an interdisciplinary functional restoration program to address his functional deficits is indicated to determine his long-term functional status. The documentation indicates that patient meets the criteria per the reviewed guidelines for participation in a structured restoration program of 6 weeks that includes 160 hours of contact time which can be started on a two- week trial. Medical necessity for the requested service has been established. The requested service is medically necessary.