

Case Number:	CM14-0137655		
Date Assigned:	09/05/2014	Date of Injury:	06/15/1999
Decision Date:	09/26/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/25/2014

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:

There was an August 21, 2014 notice of utilization review findings. The claimant was described as 41 years old and he worked as a key data operator. He was injured in 1999 reportedly due to repetitive keyboard activities. He is currently working modified duty. Both wrists, both hands, both lower arms, mental and physical, soft tissue neck and right shoulder have been accepted by the carrier. A drug screen detected hydrocodone, hydromorphone and norhydrocodone. An MRI of the neck was normal. An MRI of the shoulder from July 5, 2013 showed no thickness rotator cuff tendon tear or retraction of muscle atrophy. There was an April 12, 2012 De Quervain's release. As of July 8, 2014, there was a multidisciplinary conference report. He had chiropractic therapy for several years with minimal benefit though he did continued to work with reduced hours. He then had 12 to 16 acupuncture treatments over several months with no benefit. He then underwent several surgeries including a right carpal tunnel release, ulnar nerve transfer and a procedure on the base of the right thumb. He admits these surgeries were helpful in reducing his pain however he was still unable to perform repetitive finger motions such as typing. Other therapies included a series of stellate ganglion blocks which did not provide much benefit. Massage therapy and a TENS unit provided some short-term benefit but has not allowed him increased productivity at work. He has also been seeing a psychologist for anxiety. He complains mostly of right shoulder pain that radiates down the anterior arm and forearm to the radial wrist and the base of the thumb. Medicines include Gabapentin, Ibuprofen, and Hydrocodone. The medicines provide minimal benefit and the Hydrocodone mostly makes him sleepy. The provider recommended instead of 160 hours, a modified referral for 80 hours. The available information did support the medical necessity for the program but he recommended 80 hours. Additional requests would require documentation of objective functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Functional Restoration Program, 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references].

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 7 and on Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references]. The Expert Reviewer's decision rationale: The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. However, there is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated: "Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days." Moreover, 10 day trials are recommended in the Official Disability Guidelines (ODG), and concurrent review done for more sessions if and as needed. The request is not medically necessary.