

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0027382 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 07/02/2011 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 case involves a 52-year-old female with a 7/2/2011 industrial injury claim. She has been diagnosed with chronic bilateral arm and hand pain, right shoulder pain, bilateral lateral and medial epicondylitis, possible Raynaud's syndrome, probable Complex regional pain syndrome (CRPS), status post right carpal tunnel release on 2/7/12, and suboccipital myofascial pain syndrome. According to the 12/27/13 report from [REDACTED], the patient had a repetitive trauma injury and has not returned to work since 7/13/11. She had the functional restoration program (FRP) evaluation on 4/26/13, and attended the program from 11/13/13-11/27/13; 12/10/13-12/17/13; and 12/23/13-1/3/14. The plan was to continue the FRP for 4 more months, then reevaluate.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP PAIN NETWORK: 4 MONTHS REMOTE CARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The patient presents with bilateral upper extremity pain. According to the 12/27/13 functional restoration program (FRP) report from [REDACTED], the patient had a repetitive trauma injury and has not returned to work since 7/13/11. She had the FRP evaluation on 4/26/13, and attended the program from 11/13/13-11/27/13; 12/10/13-12/17/13; and 12/23/13-1/3/14. There was minimal improvement with the upper extremity with the FRP, and on 12/10/13 the goals were changed to increase her walking from 40 to 60 minutes, but there was no mention of lower extremity problems or lower back symptoms. A review for 4 more months of the HELP pain network FRP remote care is in consideration. The MTUS guidelines for functional restoration programs state: "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) The treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." This patient has already exceeded 20 sessions of the FRP, and has not returned to work. The patient is reported to have upper extremity diagnoses, but the goals were changed for to increase walking, which is not a reasonable goal for an upper extremity problem. The request is not in accordance with MTUS guidelines.

INTERDISCIPLINARY REASSESSMENT TO ESTABLISH INTERVAL MEASUREMENT OF PROGRESS TO IMPROVEMENT IN FUNCTION OR MAINTENANCE OF FUNCTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The patient presents with bilateral upper extremity pain. According to the 12/27/13 functional restoration program (FRP) report from [REDACTED], the patient had a repetitive trauma injury and has not returned to work since 7/13/11. She had the FRP evaluation on 4/26/13, and attended the program from 11/13/13-11/27/13; 12/10/13-12/17/13; and 12/23/13-1/3/14. I have been asked about reevaluations. It is noted that continuation of the FRP beyond 20 sessions was not recommended. However, for re-evaluations, MTUS does require this as part of the FRP. The MTUS states: "Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. The treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." If the FRP was able to be approved, the reevaluations would be in accordance with MTUS guidelines. As such, the request is certified.