

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0037660 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 12/07/2012 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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:

The claimant was injured in a head on MVA on 12/07/12. A team conference, Med Rep have been requested. The claimant was seen on 02/04/14 by [REDACTED]. She sustained a traumatic brain injury with subarachnoid hemorrhage but did not require surgery. She also suffered a traumatic left brachial plexus lesion and has no control of her left upper extremity. She had multiple fractures of her pelvis and a compound fracture of the left tibia, fracture the right femur, and fracture of the right foot at the metatarsal. She was using Duragesic and had stopped Nucynta. She still complained of pain and burning in her left shoulder and arm. She reported pain and swelling of the left medial calf and was concerned about that. She was on a number of medications including Cymbalta, MiraLAX, Neurontin, Maxalt, Humatrope, Lyrica, Restasis, Benadryl, Celebrex, and vitamins. She was complaining of pain in her hands. The left upper extremity had a grade 2 subluxation of the left shoulder as well as atrophy distally into the hands. There was pain with range of motion. The forearm burn had healed. The left leg had a palpable nodule on the left medial shin which was discolored and firm but fixed to the bone. She was anxious and irritable. She underwent some cognitive testing. She also had a liver laceration and is status post multiple transfusions. She was to transition to a home setting with 24-hour care. She needed CNS interdisciplinary rehabilitation 5 hours per day 4 days per week. She needed nursing services up to 1 hour per day 5 days per week. She required caregiver support at night for safety also. She saw [REDACTED] on 02/11/14 for an initial evaluation. She had been referred for a neurological evaluation and EMG/NCV testing. She still had neuropathic pain which was shooting and burning. Her left brachial plexus injury was profound and there was no clinical improvement since the exploratory surgery. An NCV/EMG of the left upper extremity was recommended. Her current pain was better with fentanyl patch that had been started about 3

weeks before. She has attended cognitive therapy. Most of the provided notes are from 2013. Her current status is not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Team Conference; Med Rep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Eye Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 37.

Decision rationale: The history and documentation do not objectively support the request for a team conference, Med Rep at this time. The MTUS state "Functional Restoration Approach to Chronic Pain Management - Many injured workers require little treatment, and their pain will be self-limited. Others will have persistent pain, but can be managed with straightforward interventions and do not require complex treatment. However, for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal-specific has been found to be the most effective treatment approach. (Flor, Fydrich et al. 1992; Guzman, Esmail et al. 2001; Gatchel and Bruga 2005) Functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity according to ACOEM Practice Guidelines, 2nd Edition, page 92. Functional restoration is the process by which the individual acquires the skills, knowledge and behavioral change necessary to avoid preventable complications and assume or re-assume primary responsibility ("locus of control") for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational and avocational goals, as measured by functional improvement (see 9792.20 (f)). Independent self-management is the long-term goal of all forms of functional restoration. The process and principles of functional restoration can be applied by a physician or a well integrated interdisciplinary team to a full range of problems that include acute injuries (e.g., sports, occupational), catastrophic injuries (e.g., brain and spinal cord injury), and chronic conditions (e.g., chronic pain, multiple sclerosis, etc.) and is the basis for medical rehabilitation and disability management. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain." In this case, the claimant's current status is unknown as no recent office notes have been provided. The specific indication for a team conference has not been clearly explained and none can be ascertained from the records. The medical necessity of this request has not been clearly demonstrated. Therefore is not medically necessary.