MAXIMUS Federal Services

Case Number:	CM14-0038010		
Date Assigned:	06/25/2014	Date of Injury:	06/28/2013
Decision Date:	08/12/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice 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 is a 62 year old female who sustained a work related injury on 2/4/14 involving the left wrist. She had a fracture of her distal radius and ulna. She was also diagnosed with an extensor pollicis brevis, extensive policis longus paralysis due to a median nerve injury. She underwent surgery as well as 20 sessions of post operative physical therapy. Her pain was managed with Tylenol. A progress note on March 4, 2014, indicated she suffers with tremendous challenges in managing her pain (5-7/10) and activities of daily living. Physical findings were notable for reduced range of motion in the right and left upper extremities to 10 degrees. Grip strength was reduced in the left upper extremity as well. She is not a candidate for any additional surgery. The treating physician is requesting authorization for multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day interdisciplinary pain management evaluation (1 day for 8 hours): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary Pain programs and Page(s): 31-32.

Decision rationale: According to the MTUS/ACOEM guidelines: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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. In this case, the claimant had not tried other form of anti-inflammatories or analgesics at the time of request. Other modalities at the time of the request besides Tylenol were not noted to alleviate the pain. In addition the guidelines suggest a one day session may not be sufficient. Therefore, the request for a one day interdisciplinary pain management evaluation (1 day for 8 hours) is not medically necessary and appropriate.