MAXIMUS Federal Services

Case Number:	CM14-0063845		
Date Assigned:	07/11/2014	Date of Injury:	04/01/2010
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/06/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 43-year-old female with a reported date of injury on 04/01/2010. The mechanism of injury was noted to be a twisting injury. The diagnoses were noted to include opioid dependence, ankle pain, and reflex sympathetic dystrophy. Her previous treatments were noted to include functional restoration program, physical therapy, and medications. The progress note dated 03/26/2014 revealed the injured worker had evidence of temperature differential with the right arm being approximately 1.6 degrees centigrade cooler than the left. The injured worker additionally had swelling in the area adjacent to her elbow and hypersensitivity with allodynia present over the anterior surface of the forearm on the right side. The provider indicated the findings appeared to be consistent with complex regional pain syndrome and reported the injured worker was attempting to manage her symptoms using the interdisciplinary strategies that had been presented to her she felt like she was coping less well and having increased difficulty maintaining her functional independence at home. She described a desire to have assistance in expanding her exercise program to focus particularly on her upper extremities. The progress note dated 04/25/2014 revealed the injured worker had been able to demonstrate significant improvement, implementing significant gaines in her functional independence in managing her complex regional pain syndrome related to the lower extremity with the help program. This was supported by her verbal reports to the help restoration program where she was able to increase her ambulation without the use of assistive device and negotiate even and uneven surfaces, as well as significantly increase her participation in household duties and community activities as a result of her pain. The provider indicated complex regional pain syndrome have known positive factors that could lead to progression to other limbs, and while the injured worker had been educated on the independent management of her lower extremities surrounding complex regional pain syndrome, she was ill equipped to translate that into

management of her hand and arm, as these functions were innately different from those of the lower extremity. The Request for Authorization form dated 04/25/2014 was for 2 weeks with the help program for complex regional pain syndrome to the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Program times 2 Weeks: 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), Clinical Presentation & Diagnostic Criteria (CRPS), Pathophysiology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration program Page(s): 49.

Decision rationale: The request for the help program times 2 weeks is not medically necessary. The injured worker has had previous sessions with the help program. The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs as a type of treatment included in the category of interdisciplinary pain programs, were designed to use a medically directed interdisciplinary pain management approach geared specifally to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long term evidence suggest that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive such an intensive program. A review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gaines. The guidelines state total treatment duration should generally not exceed 20 full day sessions and excess of 20 sessions requires a clear rationale for specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. There is a lack of documentation regarding a physical assessment of the upper extremity with the new complex regional pain syndrome diagnoses. The clinical findings provided indicated a 1.6 degree difference between upper extremities and the right upper extremity was 1.6 degrees cooler than the left with swelling in the area adjacent to the elbow and hypersensitivity with allodynia. There is a lack of documentation regarding decrease in function to the right upper extremity to warrant functional restoration program. Therefore, the request is not medically necessary.