

Case Number:	CM14-0067728		
Date Assigned:	07/14/2014	Date of Injury:	04/23/2013
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 injured worker is a 55-year-old male who reported a crushing injury to the right foot on 04/23/2013. On 03/27/2014, his diagnoses included a well healed chronic ulcer of the dorsum of the right foot, diabetes mellitus with poor to fair control, hypertension, hypercholesterolemia, myocardial infarction on 12/22/2013, obesity, and neuropathic pain in the dorsum of the right foot with CRPS. On physical examination, there was blanching and discoloration with edema of the right foot. There were also tremors noted. The injured worker described severe discomfort when anything touches his skin on the dorsum of the right foot. The only medication noted in the documentation was gabapentin 300 mg, which was going to be titrated up to 800 mg. He had an unknown number of physical therapy sessions between 02/03/2014 and 03/10/2014, but it was noted that his foot was tolerating more walking and weight bearing. The rationale for the request stated that this worker needed an urgent admission to a Functional Restoration Program due to the progression of his CRPS. The injured worker had a strong desire to return to work and while he was getting some mild relief from the gabapentin, he was still clearly unable to work in his current condition. He was having to walk with a special shoe on his right foot, and needed to have a shoe that exposes part of his foot since he could not tolerate any shoe touching his foot. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP (Hospital Elder Life Program) Program 90 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) (FRPs), pages 30-33 Page(s): 30-33.

Decision rationale: The request for HELP (Hospital Elder Life Program) Program 90 hours is non-certified. The California MTUS Guidelines recommend chronic pain programs, although research is still ongoing as to how to appropriately screen for inclusion to these programs. Functional Restoration Programs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long-term evidence suggests that the benefit of these programs diminishes over time. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Criteria for the admission to a multidisciplinary program must include an adequate a thorough evaluation, including baseline functional testing so follow-up with the same test can note functional improvement; documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; that the patient has a significant loss of ability to function independently resulting from the chronic pain; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success have been addressed. There have been no thorough evaluation made to include baseline functional testing on this injured worker. The only medications noted were gabapentin and a compounded topical cream. There was no documentation of previously failed trials of other analgesics including opioids or antidepressant medications. Additionally, the requested 90 hours exceeds the recommendations in the guidelines for a 2 week trial. Therefore, this request for HELP (Hospital Elder Life Program) Program 90 hours is non-certified.