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| Case Number: | CM14-0079304 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 07/04/2011 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 05/01/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Pain Management 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:

This is a male patient with a date of injury of July 4, 2011. A utilization review determination dated May 1, 2014 recommends non-certification of a physical medicine procedure for 10 days (5x2) for the left elbow. A progress note dated April 15, 2014 identifies subjective complaints of noted benefit from the functional restoration program as the patient is learning various techniques to better cope, adjust, and address his chronic pain condition. The patient has ongoing chronic pain involving the left shoulder, left upper extremity and elbow. Physical examination identifies decreased strength in the left hand, positive Tinel's and Phalen's test of the left elbow, positive rotator cuff impingement test of the left shoulder, and the patient is wearing a brace post op. Diagnoses include left lateral epicondylitis, left shoulder sprain/strain injury, left ulnar neuropathy, left medial neuropathy, carpal tunnel syndrome, status post left ulnar release versus transposition, carpal tunnel release, left epicondylitis debridement and repair, left index finger, meet middle and ring finger release on January 16, 2013. The treatment plan recommends that the patient be approved for continuation of the functional restoration program for a total of six weeks, it is noted that the patient has had an overall reduction of 30% in opiate narcotic pain medication use and increased strength, increased endurance, increased ability to sit, increased ability to stand, improvement with walking, and he has learned various coping skills through the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physican medicine procedure: 10 days 5x2 for left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding the request for physical medicine procedure for 10 days (5x2) for the left elbow, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient has completed an unknown number of FRP sessions, and there is no documentation indicating that the patient has had subjective and objective gains for the listed diagnoses (as the patient is being treated for numerous diagnoses). In the absence of clarity regarding the above issues, the currently requested physical medicine procedure for 10 days (5x2) for the left elbow is not medically necessary.