

Case Number:	CM14-0028891		
Date Assigned:	06/20/2014	Date of Injury:	09/13/2011
Decision Date:	01/31/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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 injured worker is a 48 year old female who sustained a work related injury on 9/13/2011 while picking up a box of quarters and heard a pop in the left elbow which resulted in swelling. Treatments include multiple surgeries, medications, physical therapy, functional capacity evaluation, TENS unit, and home exercise program. Diagnosis includes median nerve lesion, carpal tunnel release, ulnar nerve lesion, and tenosynovitis of hand and wrist. Per most updated progress report dated 12/31/2013, the injured worker reports that medications are working well, has pain symptoms on a continuous basis, yet alleviated by current medication regime. Additionally, per the same progress report dated 12/31/2013, the injured worker was noted to have diminished range of motion bilaterally, and elbow range of motion was diminished. Treatment plans include functional restoration program. On 02/20/2014 Utilization Review partially certified the functional restoration program to functional restoration program evaluation only noting MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Programs

Decision rationale: With regard to chronic pain programs, MTUS Chronic Pain Medical Treatment Guidelines states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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" (there are many of these outlined by the MTUS). Review of the submitted documentation indicates that the injured worker has already undergone evaluation with [REDACTED] 12/19/13, which reviewed the MTUS criteria and found positive predictors of success with no contraindications. The injured worker has been refractory to conservative care rendered to date and still has chronic pain and functional impairment. The request is medically necessary.