

Case Number:	CM15-0005407		
Date Assigned:	01/16/2015	Date of Injury:	01/10/2012
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 01/10/2012. The mechanism of injury was repetitive work duties. His diagnoses included lateral epicondylitis, ulnar nerve lesion, and cervicobrachial syndrome. His past treatments were noted to include chiropractic treatment, topical analgesics, subacromial injections to the left shoulder, lateral elbow injection, modified work duty, 36 physical therapy sessions, acupuncture, psychotherapy, and individual exercises at a gym. It was also noted that the injured worker is participating in cardiac rehabilitation due to a history of heart attack. The injured worker underwent an initial evaluation and multidisciplinary conference on 12/16/2014. It was noted that the injured worker had undergone extensive conservative therapies, but continued with persistent chronic pain to the left upper extremity. It was also noted that his chronic pain was affecting his mood, and previous psychotherapy had significantly improved his mood. It was noted the injured worker is hopeful and motivated to return to the workforce; and is motivated to work toward improving his overall functioning. It was also noted that he had suffered a heart attack in 10/2014, and had 3 stents placed. It was noted he was on anticoagulation therapy, and was undergoing cardiac rehabilitation. Physical examination revealed decreased grip strength in the left hand, and diminished digit abduction on the left compared to the right. Psychological evaluation also revealed moderate depression and sleep disturbance. A recommendation was made for 160 hours' participation in a functional restoration program to enhance the injured worker's activity tolerance specifically with the left upper extremity, to enhance his coping skills; and to encourage and implement social reintegration.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 Hours of Functional Restoration Program between 12/20/2014 and 2/13/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the California MTUS Guidelines, multidisciplinary pain management and functional restoration programs may be indicated when an adequate and thorough evaluation has been made, to include baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options, including surgery, likely to result in significant improvement; there is evidence of significant functional deficits and loss of ability to function independently due to chronic pain; the injured worker exhibits motivation to change; and negative predictors of success have been addressed. When the criteria are met, the guidelines state treatment is not recommended for longer than 2 weeks without evidence of demonstrated efficacy by documentation of subjective and objective gains. With evidence of improvement, the total treatment duration should not exceed 20 full days or the equivalent. The submitted multidisciplinary evaluation indicated that the injured worker underwent an adequate and thorough evaluation with baseline functional testing and psychological testing. Evaluation included an extensive medical, psychological, and physical therapy evaluation. It was also noted that he had tried and failed extensive conservative treatment; and there is a lack of other options likely to result in improvement, including surgery. It was also mentioned that the injured worker is not a surgical candidate due to his cardiac status. It was also noted that the injured worker has limitations in performing his activities of daily living; housework; and ability to work. The injured worker did exhibit a motivation to change and intends to seek alternative employment, as he would not be able to return to his previous employment. Additionally, it was noted that negative predictors of success had been addressed. These included the injured worker's extended pre referral duration of pain and his high levels of pain. This multidisciplinary evaluation adequately addressed all the criteria listed by the California MTUS Guidelines prior to admission to a functional restoration program. However, due to the injured worker's cardiac status, cardiac clearance would be needed in order to proceed with an intensive multidisciplinary functional restoration program. Furthermore, the request for 160 hours of the program exceeds the guidelines' recommendation for an initial trial of no more than 2 weeks prior to continuing with the treatment, based on subjective and objective gains after the first 2 weeks. Therefore, the request is not medically necessary.