

Case Number:	CM15-0100495		
Date Assigned:	06/02/2015	Date of Injury:	08/11/2014
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 34 year old female, who sustained an industrial/work injury on 8/11/14. She reported initial complaints of right wrist/hand pain. The injured worker was diagnosed as having left wrist pain with neuropathic component, epicondylitis of left elbow, myofascial restrictions, s/p left wrist ganglion cyst excision. Treatment to date has included medication and physical therapy. Currently, the injured worker complains of right wrist and elbow pain that was 7/10. Per the primary physician's progress report (PR-2) on 2/10/15, examination revealed strength of 4+/5 to elbow, forearm, wrist, radial, ulnar deviation, and positive medial/lateral epicondylitis. Diagnosis was right lateral epicondylitis. The requested treatments include HELP [REDACTED] program 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP [REDACTED] program 80 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restorative guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, HELP ██████ program 80 hours is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate an in 60 to of or thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; exam; treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are right wrist tendinitis extending to the forearm; status post cyst removal and subsequent neuropathy; and myofascial restrictions with epicondylitis. The treating provider requested an 80-hour program. The guidelines recommend treatment not exceed two weeks without evidence of compliance and significant demonstrated efficacy with documented subjective and objective gains. The injured worker has chronic pain in the left wrist. The injured worker has received pain medications, braces/ casts, physical therapy, trigger point injections and surgery. The injured worker plateaued after physical therapy with hypersensitivity of the arm and wrist. The guidelines recommend the treatment plan not exceed two weeks without documented subjective and objective functional improvement. Documentation from a single progress note dated March 12, 2015 shows the injured worker received 20 physical therapy sessions. The injured worker has visits authorized for chiropractic treatment. There is an additional physical therapy session pending. The documentation states the initial treatment planning provided may need to be reviewed based on the aforementioned need for record review and integration into the treatment planning. Overall, the treatment rendered has not been completed for the injured worker. According to the utilization review, a peer-to-peer conference call was initiated between the utilization review provider and the treating provider. The injured worker is scheduled to receive treatment at five hours per day, five days a week, 25 hours per week. A two-week program contains 50 hours. There is no additional information in the medical record regarding the functional restoration program, treatment to be rendered, and a request, clinical indication and rationale for the functional restoration program in the progress note dated March 12, 2015. Consequently, absent clinical documentation with additional information

regarding the functional restoration program, treatment to be rendered and a request, clinical indication and rationale for the functional restoration program, HELP [REDACTED] program 80 hours is not medically necessary.