

Case Number:	CM15-0101022		
Date Assigned:	06/03/2015	Date of Injury:	07/31/2013
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 37-year-old who has filed a claim for chronic hand, wrist, and forearm pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of July 31, 2013. In a utilization review report dated April 27, 2015, the claims administrator failed to approve requests for a functional rehabilitation program evaluation and an evaluation with a surgeon for the hand and wrist. The claims administrator referenced an RFA form received on April 13, 2015 in its determination, along with a progress note dated April 9, 2015. The applicant's attorney subsequently appealed. On April 22, 2015, a functional restoration program evaluation was sought at a particular facility. The applicant's medication list on this date included Naprosyn, Ultracet, Neurontin, and Terocin patches. The applicant had ongoing complaints of hand and wrist pain. The applicant's BMI was 34, it was reported. The applicant was not working, it was acknowledged. Permanent work restrictions imposed by medical-legal evaluator were renewed. The applicant was depressed, fatigued, in severe pain and tearful, it was reported. The treating provider stated that the applicant could benefit from the program and could potentially return to work. It was stated that the applicant had complex regional pain syndrome (CRPS). The treating provider seemingly stated that the applicant could return to work despite the fact that the applicant had permanent work restrictions imposed by a medical- legal evaluator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Rehabilitation program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

Decision rationale: No, the request for a functional rehabilitation program evaluation was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant remains out of the workforce, the less likely that he or she will return. Similarly, the longer that an applicant has suffered from chronic pain, the less likely treatment, including a functional restoration multidisciplinary pain program will be effective. Here, the applicant was approximately 21 months removed from the date of injury as of the date the request was initiated. The applicant was off of work. The applicant, thus, did not appear to be an ideal candidate for the program as suggested on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, given the duration of her disability and her chronic pain symptoms. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criteria for pursuit of functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, the April 22, 2015 progress note and associated RFA form acknowledges that the applicant was tearful, depressed, and fatigued. Thus, a significant component of the applicant's symptoms were mental health in nature. However, the applicant was not using any psychotropic medications on or around the date in question, April 22, 2015. It did not appear that the applicant had optimized psychiatric treatments and/or psychiatric modalities before the functional rehabilitation program evaluation was sought. Therefore, the request is not medically necessary.

Evaluation with Surgeon for the Right Hand/Wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the request for an evaluation with a surgeon for symptoms of the wrist was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work. Ongoing complaints of hand and wrist pain were evident as of the date of the request, April 22, 2015. Earlier conservative treatments had proven ineffectual. Obtaining the added expertise of a hand/wrist surgeon was, thus, indicated. Therefore, the request was medically necessary.