

Case Number:	CM15-0102651		
Date Assigned:	06/05/2015	Date of Injury:	09/09/2013
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 male who sustained an industrial injury on 9/9/13 when a piece of sheet metal fell across his right wrist resulting in a right radial wrist laceration. He had pain, numbness and tingling from the right wrist into the 1st through 3rd digits. He had hand surgery and physical therapy. He currently complains of chronic right upper extremity pain, secondary to laceration wound causing radial nerve injury. He has pain, numbness and tingling especially with gripping, grasping activities. He has decreased range of motion and decreased function. Current medication is Tylenol. Diagnoses include open wound hand with tendon; injury radial nerve; status post tendon and nerve surgical repair to the dorsolateral aspect of the wrist on the right hand. Treatments to date include physical therapy for the right hand with mild benefit; medications. Diagnostics include electromyography/ nerve conduction study of bilateral upper extremities (4/17/14) abnormal study. In the progress note, dated 3/30/15 the treating provider's plan of care includes multidisciplinary program for further rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation at The Northern California Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 30-32.

Decision rationale: CA MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (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; and (6) Negative predictors of success above have been addressed. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant has good documentation of motivation to change, willingness to forgo secondary gain and has failed to improve with other methods of pain management. Although surgery has been considered as an option, the claimant prefers to avoid surgery. Guidelines allow for a trial of 10 visits in a functional restoration program to see if surgery can be avoided. The request for initial evaluation at a functional restoration program is medically necessary.