

Case Number:	CM15-0104206		
Date Assigned:	06/08/2015	Date of Injury:	03/04/2013
Decision Date:	07/08/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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 55-year-old female, with a reported date of injury of 03/04/2013. The diagnoses include neck pain, rule out underlying carpal tunnel syndrome, bilateral rotator cuff tears, and bilateral lateral epicondylitis. Treatments to date have included home exercises; an MRI of the cervical spine on 06/04/2013 which showed evidence of diffuse degenerative cervical disc disease and bilateral foraminal narrowing at C4-5 and right foraminal narrowing at C3-4; an MRI of the bilateral shoulders which showed bilateral stage 3 impingement and diffuse supraspinatus tendinopathy; ultrasound of the elbows on 02/08/2014, which showed bilateral lateral epicondylitis; and physical therapy. The progress report dated 12/03/2014 indicates that the injured worker continued to complain of diffuse aching discomfort in her neck, shoulders, and elbows. It was noted that the injured worker was feeling slightly better. The physical examination showed no trigger points across the back or flanks; pain in the posterior triangles of the neck; and mildly positive impingement with impingement reinforcement present in both shoulders with neurovascular status being grossly intact to both upper extremities and hands. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested functional restoration program evaluation and occupational therapy for the bilateral hands and bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-34.

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 restorative guidelines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program evaluation 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 multi-disciplinary 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 and 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; 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 cervicalgia; bilateral stage III impingement; history bilateral lateral epicondylitis; rule out underlying carpal tunnel syndrome; history low back pain and bilateral lower extremity discomfort; history anxiety/depression; and history diffuse myofascial pain. The request for authorization is dated May 20, 2015. The most recent progress note in the medical record (by the non-requesting provider) is dated December 3, 2014. There is no contemporaneous documentation in the medical record to support the request for authorization dated May 20, 2015 and the request for an FRP. The utilization review states a progress note dated May 1, 2015 is included in the medical record (not available for review), however, there is no physical examination in the medical record to support a functional restoration program evaluation. Consequently, absent clinical documentation with detailed criteria to support a functional restoration program and a contemporary progress note on or about the date of request for authorization, functional restoration program evaluation is not medically necessary.

Occupational therapy, 2 times wkly for 6 wks, Bilateral hands and elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Elbow section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times a week times six weeks of the bilateral hands and elbows is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervicalgia; bilateral stage III impingement; history bilateral lateral epicondylitis; rule out underlying carpal tunnel syndrome; history low back pain and bilateral lower extremity discomfort; history anxiety/depression; and history diffuse myofascial pain. The request for authorization is dated May 20, 2015. The most recent progress note in the medical record (by the non-requesting provider) is dated December 3, 2014. There is no contemporaneous documentation in the medical record to support the request for authorization dated May 20, 2015 for occupational therapy. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization with the clinical indication and rationale for 12 occupational therapy sessions (two times per week time six weeks), occupational therapy two times a week times six weeks of the bilateral hands and elbows is not medically necessary.