MAXIMUS Federal Services

Case Number:	CM15-0104823		
Date Assigned:	06/10/2015	Date of Injury:	07/23/2003
Decision Date:	07/10/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	06/02/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 54-year-old female who sustained an industrial injury on 7/23/03. The injured worker was diagnosed as having left elbow pain, left elbow arthropathy and chronic pain syndrome. Currently, the injured worker was with complaints of left and right elbow discomfort. Previous treatments included status post left elbow surgery (2003), medication management, acupuncture treatment, transcutaneous electrical nerve stimulation unit, nerve blocks, injection therapy, physical therapy and home exercise program. Previous diagnostic studies included an electromyography and a magnetic resonance imaging. Physical examination was notable for left elbow joint with swelling and tenderness to palpation over the lateral epicondyle and medial epicondyle and painful range of motion, right shoulder with restricted range of motion. The plan of care was for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 initial evaluation for functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Guidelines Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." In this case, beside medications and acupuncture, the patient did not undergo any other conservative treatments. In addition, there is no evidence of gross functional deficits and no indications that the patient is motivated to return to work. The requesting physician did not provide a documentation supporting the medical necessity for a Functional Restoration Program. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for Functional Restoration Program. Therefore, the request for Initial Evaluation Functional Restoration Program is not medically necessary.