

Case Number:	CM15-0147608		
Date Assigned:	08/10/2015	Date of Injury:	05/22/2015
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California

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 25 year old male, who sustained an industrial injury on May 22, 2015. He reported a shooting pain enter through his left hand across his chest and out of his right hand with a brief loss of consciousness after an electrical surge. The injured worker was diagnosed as having burn of right forearm, blurred vision, burn of left forearm and myalgia. Treatment to date has included diagnostic studies, physical therapy, home exercise, heat and cold therapy, Epsom salt baths and medication. On June 22, 2015, the injured worker complained of pain in his left hand, right forearm, chest and right leg. He rated his pain as a 6 on a 0-10 pain scale. He also complained of occasional blurry vision. The pain is relieved by massage. He was noted to have improvement with Ibuprofen medication. The treatment plan included [REDACTED], physical therapy, home exercise, heat and cold therapy, Epsom salt baths and medications. On June 30, 2015, Utilization Review non-certified the request for [REDACTED] - Progressive Goal Attainment Program (PGAP), citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] - Progressive goal attainment program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: Progressive goal attainment is similar to cognitive behavioral support. According to the guidelines, screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the amount of sessions requested or length of program support was not defined. The guidelines do not support particular [REDACTED] but CBT may be appropriate if defined time of intervention was provided. Based on the information provided, a lifeteam program request is not medically necessary.