

Case Number:	CM15-0182696		
Date Assigned:	09/23/2015	Date of Injury:	08/17/2011
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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

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 injured worker is a 51 year old female, who sustained an industrial injury on 08-17-2011. She has reported subsequent right wrist and upper extremity pain and was diagnosed with radial styloid tenosynovitis, joint pain of the forearm, wrist flexor tendonitis and lateral epicondylitis. Work status was documented as modified. Treatment to date has included pain medication, physical therapy, hand therapy, chiropractic therapy, Celestone injection and right wrist and tennis elbow bracing and surgery. Pain medication, physical therapy, massage and chiropractic treatment were noted to improve her condition while the other treatments were noted to have provided no change in her condition or as having worsened her condition. In a progress note dated 08-14-2015, documentation shows that the injured worker was presenting for an interdisciplinary assessment at the Health Education for Living with Pain (HELP) program to determine whether she was an appropriate candidate for an interdisciplinary pain rehabilitation program. The injured worker reported right wrist pain that was a 4 out of 10 at best and 8 out of 10 at worst. Objective examination findings showed pain at the end of range of motion of the right shoulder, pain with range of motion of the elbow, tenderness of the wrist and hand with reduced range of motion and wrist flexion and extension that were approximately 50% of normal secondary to increased pain. The injured worker was noted to describe a sense of high motivation to be able to return to pre-injury employment and was noted to be an excellent candidate for a functional restoration program from a rehabilitative and cognitive perspective. The physician noted that negative predictors of success included chronicity of injury and level of depression but indicated that these predictors were outweighed by the opportunity for improvement. A physical

therapy evaluation was completed to assess functional limitations and goals. A request for authorization of HELP program, Interdisciplinary Pain Rehabilitation Program, Qty 80 hours was submitted. As per the 09-02-2015 utilization review, the request for HELP program, Interdisciplinary Pain Rehabilitation Program, Qty 80 hours was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP program, Interdisciplinary Pain Rehabilitation Program, Qty 80 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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; & (6) Negative predictors of success above have been addressed. In this case, the injured worker suffers from a chronic disabling occupational musculoskeletal disorder. The medical provider has provided a thorough evaluation with includes baseline functional testing. Other methods of treating chronic pain have been unsuccessful in this case and the injured worker is said to rely on others for help with activities of daily living. Per the available documentation, the injured worker exhibits the motivation to change and negative predictors of success have been addressed. The request for HELP program, interdisciplinary pain rehabilitation program, Qty 80 hours is medically necessary.