

Case Number:	CM15-0021313		
Date Assigned:	02/10/2015	Date of Injury:	06/18/2013
Decision Date:	03/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/04/2015

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 74 year old female, who sustained an industrial injury on 6/18/2013. She has reported left thumb radial digital nerve neurolysis and dorsal radial sensory neuroma excision with implantation under extensor pollicis longus, and trigger finger steroid injection, with development of a left thumb mass. The diagnoses have included left thumb ganglion mass. Treatment to date has included steroid injections. Currently, the IW complains of left trigger thumb sensitivity. Physical examination from 1/12/15 documented a mass about the left thumb noted as round, mobile, soft, at the IP joint. The plan of care included a pain management evaluation with return to the clinic if surgical intervention would be necessary. On 1/15/2015 Utilization Review non-certified a multidisciplinary evaluation, noting the lack of supporting documentation submitted for review. There were no MTUS, ACOEM, or ODG Guidelines cited. On 2/4/2015, the injured worker submitted an application for IMR for review of multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: 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 Chronic pain program, General use of multidisciplinary pain management Page(s): 49. Decision based on Non-MTUS Citation Pain section, Chronic pain program, General use of multidisciplinary pain management

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the multidisciplinary 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 multidisciplinary 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; and adequate 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 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. In this case, the injured worker's working diagnoses are left thumb pain: and ganglion cyst. The medical record contains seven pages. There is a single progress note in the medical record. There is no discussion in the medical record of a chronic pain medical treatment program or a multi-disciplinary evaluation. Subjectively, on January 3, 2014 the injured worker underwent a radial digital nerve neurolysis and dorsal radial sensory neuroma excision with implantation under the extensor pollicis longus; and left trigger thumb and index finger steroid injections. Objectively, the injured worker was in no acute distress. There is a mass about the left thumb tender to palpation that was round, mobile and soft at the level of the IP joint. The documentation does not contain evidence of previous methods of treating chronic pain (PT) that have been unsuccessful; documentation into work or has a motivation to change the medication regimen; documentation the patient is aware that successful treatment may change compensation or other secondary gains. Additionally, the injured worker is contemplating surgical removal of the new ganglion. Constantly, absent clinical documentation with the clinical indication and rationale for a multidisciplinary evaluation, a multidisciplinary evaluation is not medically necessary.