

Case Number:	CM15-0042180		
Date Assigned:	03/12/2015	Date of Injury:	08/06/2014
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/05/2015

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: Emergency 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 41-year-old male who reported an injury on 08/07/2014. The mechanism of injury involved repetitive heavy lifting. The current diagnoses include left ulnar impaction syndrome and left hand joint pain. The injured worker presented on 01/27/2015 for a follow-up evaluation. The injured worker was status post surgery to the left hand on 11/24/2014. It was noted that the injured worker reported ongoing pain with an inability to return to work. Upon examination, there was decreased range of motion in all planes. The injured worker complained of pain at the ulnar aspect of the left wrist upon ulnar deviation. There was also diminished grip strength on the left. Recommendations included continuation of postoperative physical therapy and a referral for a consultation for evaluation by a multidisciplinary team/functional recovery program. A Request for Authorization form was then submitted on 02/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for evaluation multidisciplinary team evaluation for functional rehab program:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 58 and 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes. An adequate and thorough evaluation should be made. There should be documentation of a failure of previous methods of treating chronic pain, with an absence of other options that are likely to result in significant improvement. In this case, it was noted that the injured worker was status post surgical intervention on 11/24/2014. The injured worker had only participated in 2 out of 12 postoperative physical therapy sessions, which began on 01/07/2015. Completion of the postoperative course of physical therapy would be recommended prior to an evaluation for a multidisciplinary functional restoration program. Given the above, the request is not medically appropriate at this time.