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| Case Number: | CM15-0046002 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 12/09/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old female, who sustained a work/ industrial injury on 12/9/13. She has reported initial symptoms of right hand pain. The injured worker was diagnosed as having right repetitive strain injury, carpal tunnel syndrome. Treatments to date included right tunnel release 6/23/14, medication, home exercise program, and activity modification, and wrist splint at night. Currently, the injured worker complains of tingling and pain in her wrist and fingers and wakes her from sleep. The treating physician's report (PR-2) from 2/28/15 indicated positive Tinel's with palpation of the lateral and ventral aspect of the wrist. Sensation to left of the digits of the right hand intact. Diagnosis was carpal tunnel syndrome due to right repetitive strain injury. Medications included Pamelor, Naproxen Tylenol ES, and Omeprazole. Treatment plan included Chronic Pain Program with diagnosis of reflex sympathetic dystrophy of the upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

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

Decision rationale: Treatment to date for the injured employee has included oral medications, activity modification, physical therapy, and carpal tunnel release surgery. Current treatment includes home exercise and Pamelor. The California MTUS guidelines indicates that amongst the criteria for a chronic pain program includes documentation that the injured employee has a significant loss of ability to function independently as a result of the chronic pain as well as documentation that previous methods of treating chronic pain have been unsuccessful. There was a diagnosis of complex regional pain syndrome for the injured employee's status post a carpal tunnel release on June 23, 2014 and the injured employee does not appear to have exhausted conservative treatments since that time and additional treatment is still pending at physical medicine and rehabilitation. Additionally, there is no documentation that this condition has resulted in the loss to function independently. For these reasons, this request for participation in a chronic pain program is not medically necessary.