

Case Number:	CM15-0051022		
Date Assigned:	03/24/2015	Date of Injury:	10/12/2007
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 29 year old male, who sustained an industrial injury on 10/12/2007. He has reported injury to the right upper extremity. The diagnoses have included complex regional pain syndrome; Reflex Sympathetic Dystrophy (RSD) syndrome right upper extremity; right shoulder recurrent dislocation and instability; electrocution injury and circumferential allodynia of the right upper extremity. Treatment to date has included medications and physical therapy. Medications have included Norco, Zanaflex, Neurontin, and Prilosec. A progress note from the treating physician, dated 01/29/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of worsening right shoulder pain. The pain is located in the right shoulder, forearm, wrist, and hand; and he is experiencing decreased range of motion, soreness, and stiffness. Objective findings were noted to include severe pain with any movements; topical allodynia on his entire right side of his body; contractures of the middle two digits of the right hand with non-mobility to passive and active testing; severe increases in pain response to light touch, range of motion, and muscle strength testing and worsening regional pain syndrome. The treatment plan has included continuation of prescription medications and request for extension of Comprehensive Multidisciplinary Assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of Comprehensive Multidisciplinary Assessment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs), Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, Functional restoration programs Page(s): 30-32. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 43.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic right upper extremity pain with reported worsening CRPS. Functional restoration programs are recommended for selected patients with chronic disabling pain. Research is ongoing as how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation. In this case, the claimant has not completed the evaluation and therefore the requested extension is medically necessary.