

Case Number:	CM15-0051882		
Date Assigned:	03/25/2015	Date of Injury:	06/06/2010
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 06/06/2010. Initial complaints reported included right wrist pain due to cumulative and repetitive task. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, conservative therapies, right forearm surgery (possible ulnar shortening), and MRI of the right upper extremity. Currently, the injured worker complains of pain to the right wrist that is worse with repetitive activities, and better with rest, and occasional numbness in the middle finger. Current diagnoses include repetitive stress injury of the right upper extremity, status post ulnar shortening. The treatment plan consisted of continued medications, referral for participation in a functional restoration program, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs, Page 49, Pages 31-32 Page(s): Functional Restoration Programs, Page 49, Pages 31-32.

Decision rationale: California MTUS criteria lists the following criteria for the general use of multidisciplinary pain management programs: 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. Regarding this patient's case, a functional restoration program initial evaluation is being requested. The aforementioned criteria has been satisfied in this patient's case. Utilization review appears to have previously denied the request stating that no information is available regarding urine drug screens in the past 12 months and whether or not this patient is taking any opiate prescriptions. There is specific documentation provided that this patient is not taking any opiate prescriptions. Also, she did have a 10/2014 drug screen performed that was only positive for THC. There is no reason in accordance with MTUS criteria to deny this request for an initial evaluation for a functional restoration program, and likewise this request is considered medically necessary.