

Case Number:	CM15-0052326		
Date Assigned:	03/25/2015	Date of Injury:	08/16/2011
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
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: 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 53-year-old female who sustained an industrial injury on 5/16/11 resulting in injury to her right upper extremity. The initial injury involved her right middle finger for which she had a trigger finger release (3/12). She then had a second injury involving her right elbow due to cumulative trauma for which she was treated with medications, physical therapy and then a right radial tunnel release and lateral epicondyle debridement (3/26/12). She currently complains of achy right upper extremity pain with radiation to the neck, right shoulder, right arm, right forearm and right hand. Her pain intensity is 7/10. She has pain with gripping and her activities of daily living are limited. Medications are Norco and Lidocaine 5% ointment. Diagnoses include tarsal tunnel syndrome, trigger finger release (3/12); lateral epicondylitis, right radial tunnel release and lateral epicondyle debridement (3/26/12); carpal tunnel syndrome, carpal tunnel release and ulnar nerve transportation (12/17/13); skin sensation disturbance. Treatments to date include oral medications, occupational and physical therapy, acupuncture, braces and home exercise program. Diagnostics include electromyography/ nerve conduction study upper extremities (9/24/13); MRI right shoulder (9/23/14) which was abnormal. In the progress note dated 2/11/15 the treating provider indicates that the injured worker is a good candidate for functional restoration program as she meets the guidelines for general use of multidisciplinary pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial Evaluation for a functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Functional restoration program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restorative guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional Restoration Program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, initial evaluation functional restoration program is 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. There are negative predictors of successful, which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured workers working diagnosis of carpal tunnel syndrome; lateral epicondylitis; tarsal tunnel syndrome; and skin sensation disturbance. Documentation indicates the injured worker has diffuse and fear avoidance of physical activity due to pain. The injured worker is also not interested in any interventional procedures such as injections and surgeries. During the course of treatment the injured worker experience side effects with nonsteroidal anti-inflammatory drugs, opiates and neuropathic medications. The date of injury is May 16, 2011. The documentation appears to demonstrate the injured worker returned to work, modified duty on December 2, 2014. Negative predictors of success include psychosocial issues that include fear avoidance of physical activity due to pain. The documentation indicates, pursuant to a progress note dated February 11, 2015, the injured worker is highly motivated to improve. The request is for an initial evaluation for a functional restoration program. Consequently, based on the clinical information in the medical record, the injured worker's return to part-time employment, a motivation to improve, and initial evaluation for a functional restoration program is medically necessary.