

Case Number:	CM13-0036468		
Date Assigned:	12/13/2013	Date of Injury:	02/12/2003
Decision Date:	02/17/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33-year-old male who reported an injury on February 12, 2003. The mechanism of injury was not provided for review. The patient sustained a radial head fracture with implant rejection, infection and loss of triceps function. The patient underwent multiple surgical interventions in an attempt to restore pre-surgery status. The patient was treated with physical therapy and medications. The patient's most recent clinical examination findings included tenderness along the right elbow and wrist and the medial and lateral epicondyle with weakness against resistance, rated at a 4-/5. It was noted that the patient had 9/10 to 10/10 pain without medications and 6/10 to 10/10 pain with medications. The patient's diagnoses included Panner's syndrome status post multiple interventions to the elbow, mild wrist joint inflammation due to radioulnar joint dysfunction, depression, weight gain and hypertension. The patient's treatment plan included an evaluation by a Qualified Medical Examiner, continuation of medications, referral to pain management and psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for one (1) Functional Restoration Program: Upheld

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 Chronic pain programs (functional restoration programs) Section Page(s): 30.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has persistent pain that had failed to respond to conservative treatments to include medications and physical therapy. The patient has undergone multiple surgical interventions that have failed to resolve the patient's symptoms and restore him to pre-injury status. The California MTUS recommends chronic pain programs or functional restoration programs for patients who have received baseline functional testing, so that functional improvement provided by the program can be evaluated. The clinical documentation submitted for review does not provide any evidence that the patient has had a baseline functional test that can be compared to additional testing so that functional improvement can be evaluated. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to lesser conservative treatments and has a significant loss of ability to function independently. However, the California MTUS recommends that patients exhibit motivation to change and be willing to forego secondary gains, including disability payments, to affect this change. The clinical documentation submitted for review does provide evidence that the patient is not motivated to change as they have not attempted to undergo treatments such as psychiatric care that has previously been authorized. Additionally, the patient's negative predictors of success have not been addressed. As these issues have not been addressed, the efficacy of this treatment cannot be determined. As such, the prospective request for 1 functional restoration program is not medically necessary or appropriate.