

Case Number:	CM14-0157688		
Date Assigned:	09/30/2014	Date of Injury:	10/18/2012
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

Injured worker is a female with date of injury 10/18/2012. Per treatment progress report dated 5/25/2014 to 6/24/2014, the injured worker sustained a laceration to her left wrist when broken glass fell on her. She attempted to return to her job after her injury, but she has not worked since 11/4/2012. Diagnoses include 1) complex regional pain syndrome, type 2, left upper extremity, with injury to the left superficial radial nerve 2) status post left wrist laceration as a result of an industrial injury 3) myofascial pain syndrome 4) sleep disorder 5) opioid dependency to prescribed opioid without any aberrant behavior 6) major depressive disorder, recurrent, severe, without psychotic features 7) rule out acute pyelonephritis, symptoms started one day prior to evaluation and was sent to urgent care following HELP evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP reassessment, one visit, four hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPS) Page(s): 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker had a comprehensive full-day evaluation by an interdisciplinary team on 4/8/2013. She participated in the outpatient HELP Program which is an Interdisciplinary Pain Rehabilitation Program from 5/28/2013 to 7/5/2013. The recommended treatment is an in office interdisciplinary reassessment to determine appropriate recommendations. The injured worker has been enrolled in remote services since 2/25/2014. This month there was limited communication with the injured worker. This reassessment is recommended to assess her transition outcome and determine if there is any deterioration or recidivism that requires further treatment recommendations. The injured worker continues to follow up with her primary treating physician. She continues to have psych counseling. There is no indication from the primary treating physician's progress reports that the injured worker is interested in follow up with the HELP interdisciplinary pain rehabilitation program. The injured worker has already participated in the HELP Program and remote services. There is no indication that the injured worker is in need of reassessment from the program as she is currently having regular psych counseling and primary treating physician follow up without mention of the HELP Program by those providers. Medical necessity of this request has not been established. The request for HELP reassessment, one visit, four hours is determined to not be medically necessary.