

Case Number:	CM14-0211413		
Date Assigned:	12/24/2014	Date of Injury:	07/26/2006
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Injured worker (IW) sustained an industrial injury on 12/05/07. She is s/p left lateral epicondylar release on 11/11/13. Other treatment has included medications, physical therapy, acupuncture, wrist splint, and work restrictions. The treating physician has requested referral and transfer of care to a HELP (functional restoration) program. Amount and duration of treatment was not specified in request. Request for referral to a HELP program for the bilateral wrists, hands, and elbows was denied following peer review 11/26/14, noting lack of documented comprehensive evaluation including psychology and physical therapy evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Help Program for Bilateral Wrists, Hands, and Elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: MTUS criteria for use of a multidisciplinary pain program include:"(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." Concerning the duration of treatment MTUS Guidelines state: "Integrative summary reports that include treatment goals, progress assessment and stage of treatment must be made available upon request, and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains...Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Based upon lack of documented multidisciplinary evaluation and lack of specifics concerning amount or duration of treatment requested, medical necessity is not established for the requested HELP program per MTUS criteria.