

Case Number:	CM14-0219079		
Date Assigned:	01/09/2015	Date of Injury:	04/17/2001
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 a 63 year old female, who sustained an industrial injury on April 17, 2001. she has reported hip pain and had a total hip replacement and taking pain medication. The diagnoses have included carpal tunnel syndrome, radial styloid tenosynovitis and trigger finger. Treatment to date has included total hip replacement date not provided, Oral medications. Currently, the IW complains of hip pain and upper extremity pain. Evaluation for ongoing medication therapy and urine drug screening has been provided. The injured worker is permanent and stationary with permanent disability. On December 1, 2014 Utilization Review non-certified a initial evaluation at the [REDACTED], noting Medical treatment utilization schedule (MTUS) guidelines. Official Disability Guidelines (ODG), American College of Occupational and Environmental Medicine (ACOEM) was cited was cited. On November 20, 2014, the injured worker submitted an application for IMR for review of initial evaluation at the [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

One [REDACTED] [REDACTED] program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: [REDACTED] program is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that one of the criteria for a functional restoration program is that the patient has a significant loss of ability to function independently resulting from the chronic pain. Furthermore, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation includes that the patient has no inability to travel. She can perform her self care activities independently. The documentation indicates on 11/14/14 that the patient has no plans to return to work. The MTUS states that that patient should be motivated to return to work for participation in this program. The request asks for the entire program to be approved rather than the recommended 2 week treatment with continuation only with subjective/objective gains. The patient does not meet the MTUS criteria for a functional restoration program and therefore the request is not medically necessary.