

Case Number:	CM15-0118380		
Date Assigned:	06/26/2015	Date of Injury:	11/29/2012
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who reported an industrial injury on 11/29/2012. His diagnoses, and/or impressions, are noted to include: contusion and laceration of the head; contusion of chest, hip, ear, face, and upper arm; closed fracture of scapula - healing; right shoulder rotator cuff tear; status-post right shoulder surgery (9/13/13); left arm pain with upper arm biceps aponeurosis rupture, status-post "CTR" and surgical repair (2/20/14); and post-traumatic stress disorder. Recent computed tomography scan of the scapula was said to be done on 4/24/2015; no recent imaging studies are noted. His treatments are noted to include psychology evaluation and treatment; multiple consultations and diagnostic studies; medication management; and rest from work. The progress notes of 5/13/2015 reported an overall status quo of symptoms of his severe traumatic injuries with moderate-severe headaches, frustration, and of feeling sick at all time; whole body pain; a dry mouth with difficulty swallowing; pain and cracking in his left scapula; right shoulder pain; left arm pain; shooting pain in the upper extremities, left > right, with numbness/tingling into the neck and into the finger tips; and stable back and ankle pain. Objective findings were noted to include: mild anxiety with no distress; tenderness and reduced range-of-motion to the shoulder; moderate tenderness and reduced range-of-motion to the left elbow. The physician's requests for treatments were noted to include a pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management 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 (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49.

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for multiple injuries after being pinned under a machine at work. He sustained a concussion and left scapular fracture with biceps rupture. He has headaches and PTSD. He is receiving psychological treatments and has had cognitive behavioral therapy and speech therapy without significant improvement. He had been referred to a pain management clinic and attended two before canceling further appointments. When seen, he was having headaches, body pain, bilateral shoulder and arm pain, and radiating symptoms into the upper extremities. There was decreased shoulder and elbow range of motion with tenderness. The assessment references the claimant as an unlikely candidate for further surgeries. The need for a neuropsychological evaluation is referenced. Continued management through a pain clinic was recommended. In this case, the request is somewhat unclear in terms of the type of program being requested. Presumably this is for a functional restoration program. A functional restoration program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing, which has not been done. The request was therefore not medically necessary.