MAXIMUS Federal Services

Case Number:	CM15-0124153		
Date Assigned:	07/08/2015	Date of Injury:	10/27/2014
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/27/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 35 year old male who sustained an industrial injury on 10/27/2014 when his hand got caught in a machine resulting in a traumatic amputation of the left little and ring finger at the metacarpophalangeal level and left 3rd middle and distal phalanges fracture. The injured worker underwent emergent left hand exploration, incision and drainage and debridement on the day of injury followed by open reduction internal fixation and hand debridement and skin graft from right anterior thigh in November 17, 2014. Left middle finger K wire was removed in December 2014. The injured worker was diagnosed with left hand crush injury, post-traumatic stress disorder, depression and phantom limb pain. Treatment to date has included diagnostic testing, surgery, psychological and psychiatric evaluation and treatment, acupuncture therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, extensive occupational therapy sessions, fabricated hand and finger splints, thermal glove and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience left hand pain and achiness. The injured worker rates his pain level at 3-8/10. Examination demonstrated no edema with new skin graft intact and healing well without signs of infection. The injured worker was able to move the left index and thumb with some restriction. There was atrophy in the left thenar eminence. The new skin in the mid palm was tight and painful to light touch. The middle finger was noted to have severe stiffness with flexion. Left fingers 1-3 and wrist were stiff. Custom thermal glove was worn. Range of motion and sensation could not be tested. The right anterior thigh graft site was clean, dry and healed. Current medications are listed as Naproxen, Zoloft and Clonazepam. Treatment plan consists of

continuing with occupational therapy, medication regimen and the current request for life TEAM Progressive Goal Attainment Program (PGAP) Evaluation x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Life TEAM Progressive Goal Attainment Program (Pgap) Evaluation x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary bio-psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request is for a single evaluation but does not specify over what time period and for how long the evaluation will take. Without this information in the clinical documentation the request cannot be certified. Therefore, the request is not medically necessary.