

Case Number:	CM15-0064397		
Date Assigned:	04/10/2015	Date of Injury:	12/15/2009
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California
 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:

This is a 56-year-old female patient, who sustained an industrial injury on December 15, 2009. The diagnoses include tendinitis of the left shoulder, cervical spondylosis, left shoulder joint pain, arthritis of the left hand and left hand joint pain. Per the doctor's note dated 2/27/2015, she had complains of pain in the neck and bilateral upper extremity pain with numbness of the hands. The physical examination revealed full left shoulder range of motion; bilateral elbow- full range of motion, no tenderness, bilateral hand/wrists- healed scar, negative Tinel's and Phalen's test. The current medications list includes ibuprofen and famotidine. She has had right wrist X-ray on 1/4/2011 and right hand X-ray on 1/31/2013. She has undergone surgical interventions including ring trigger release on 6/2/2009, right thumb CMC joint arthroplasty, right second metacarpal base and trapezoid partial excision, right first dorsal compartment release on 12/1/2010, left thumb basal joint arthroplasty, flexor carpi radialis tendon transfer and partial excision of the radial trapezoid and second metacarpal base on 3/6/2013. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Request: Physical Therapy 2 times 3. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Physical Therapy 2 times 3 is not medically necessary for this patient at this time.

Integrated Chronic Pain Management Program - Includes evaluation by pain management, physician evaluation by program psychologist and orientation 12 group sessions 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29-34 and 98-99.

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

Decision rationale: Request: Integrated Chronic Pain Management Program - Includes evaluation by pain management, physician evaluation. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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; (6) Negative predictors of success above have been addressed." Response to previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Evidence that previous methods of treating chronic pain have been unsuccessful is not specified in the records provided. Per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (4) high levels of

psychosocial distress (higher pretreatment levels of depression, pain and disability); (7) duration of pre-referral disability time; (8) prevalence of opioid use." This patient's date of injury was in 2009 therefore he had an increased duration of pre-referral disability time. Integrated Chronic Pain Management Program - Includes evaluation by pain management, physician evaluation is not medically necessary for this patient.