

Case Number:	CM14-0147124		
Date Assigned:	10/23/2014	Date of Injury:	03/29/2011
Decision Date:	11/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 years old female claimant sustained a work injury on 8/29/11 involving the wrists and shoulders. She was diagnosed with carpal tunnel syndrome and rotator cuff syndrome. She had undergone a right carpal tunnel release. A progress note on 6/6/14 indicated the claimant had 6-8/10 pain in the right shoulder and both hands. Exam findings were notable for tenderness and decreased range of motion of the right shoulder. Neurological findings were only notable for 4+/5 grip strength. The physician request a multi-disciplinary evaluation to evaluate for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One multi-disciplinary evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain and multi-disciplinary program Page(s): 31-32.

Decision rationale: According to the MTUS 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; (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. In this case, there is no indication of significant loss of function due to pain. There is no indication for need or avoidance of surgery. She had already undergone carpal tunnel release and wrist injections. The request for a multi-disciplinary evaluation is not medically necessary.