

Case Number:	CM13-0013252		
Date Assigned:	03/12/2014	Date of Injury:	04/13/2009
Decision Date:	07/31/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/18/2013

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 Occupational Medicine 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:

This is a 35-year-old male with a 4/13/09 date of injury. The patient presents with persistent moderate to severe left hand pain. Physical exam demonstrates atrophy, temperature and color changes, limited range of motion and hypesthesia. The patient has completed three weeks in a functional restoration program. 8/23/13 FRP team conference report indicated that the patient showed very good motivation and very good effort - the patient has also demonstrates noticeable endurance gains and improved left hand finger and wrist ROM. There is documentation of a previous 8/7/13 adverse determination because it was unclear why the patient would require further treatment following 20 sessions of FRP to date to significantly impact outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 10 days for Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains.

Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. However, the patient has already completed 20 sessions of FRP with good results. There is evidence that the patient was cooperative and motivated, and there are no identified barriers for transition into independent home exercise. There is no specific indication as to why the patient would require continued FRP care beyond the maximum recommended by guidelines. Therefore, the request for Additional 10 days for Functional Restoration Program is not medically necessary.