

Case Number:	CM13-0014865		
Date Assigned:	03/26/2014	Date of Injury:	06/24/2011
Decision Date:	04/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/22/2013

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 and Oklahoma. 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 patient is a 51-year-old female who was injured on 06/24/2011. The mechanism of injury is unknown. Prior treatment history has included left carpal tunnel release on 04/25/2013. PR2 dated 08/05/2013 indicated the patient is status post left CTR 04/25/2013. The patient reported she still had some numbness of digits. Objective findings on exam revealed a well-healed incision with mild hypersensitivity. The patient had decreased left wrist active range of motion (AROM) extension/flexion; right still with decreased range of motion (ROM) from surgery 12/2012. The patient had decreased grip and pinch strength, decreased functional report; sensation was within normal limits with the exception of thumb at diminished protective sense. The patient would benefit from occupational therapy in increase ROM, strength, functional use and decreased report of pain. The patient was assessed to have good rehabilitation. PR2 dated 07/15/2013 indicated the patient had complaints of right wrist pain at 7/10 and left wrist 7/10 with numbness in the fourth digit. Objective findings on exam today revealed grip test very weak with pain; 2-point discrimination test; poor left index and fourth digit ROM pain with restricted movement. The patient was diagnosed with derangement bilateral hands/wrist, segmental dysfunction and swelling wrist/hand/fingers. PR2 dated 07/03/2013 indicated the patient was in for postoperative check as she had just completed therapy. She did have residual wrist pain as expected and had occasional tingling isolated to the thumb but notes no further tingling and numbness in the remaining digits of the left hand. Objective findings on exam revealed mild induration and tenderness was present over the left carpal tunnel scar. There was provocative testing which was negative at the time of this evaluation. The patient was diagnosed with 1) History of bilateral carpal tunnel syndrome; 2) History of multiple right hand trigger digits; 3) Left ring finger ganglion cyst; 4) Bilateral basal joint arthropathy; 5) Status post right carpal tunnel decompression with release of the right thumb and ring and trigger digits 12/20/2012; and

6) Status post left carpal tunnel release 04/25/2013. The patient was instructed on a Home therapy program. She was given Ultram ER 150 mg 1 tablet daily which she may increase to 2 times daily as needed, Terocin 120 ml, Capsaicin/Methyl Salicylate/Menthol/lidocaine, apply one thin layer 3 times a day given. The patient's physical demand characteristic levels of work as stated on 06/05/2013 note indicated the patient was unable to meet most of the physical demands for jobs in the sedentary work category according to the PDC levels defined by the U.S. department of labor.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHOTO RESTORATION PROGRAM Page(s): 49.

Decision rationale: CA MTUS to the guidelines detail that functional restoration programs are "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 biopsychosocial 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." It is noted in the medical records that were sent to me that the treating surgeon does not recommend a functional restoration program, nor does he recommend additional physical therapy, conditioning or return to work program. He does recommend a home-based exercise program. Therefore, it is my opinion that this is not medically necessary.

