

Case Number:	CM13-0016100		
Date Assigned:	10/11/2013	Date of Injury:	05/15/2007
Decision Date:	01/27/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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:

Patient is a 36 year old male who examinee was tightening a screw and felt pain in his hand, wrist, and underneath the thumb and finger .For the right upper extremity, the date of injury of the cumulative trauma would be May 16, 2007. Per documentation: the examinee's current symptoms are due to cumulative trauma secondary to work activities. The examinee has two cumulative trauma periods. May 15, 2007, is for the bilateral wrists, and from July 15, 2010, through July 15, 2011, is for the left hand, including the left thumb. Per 4/9/13 documentation: This is a gentleman who has a history of right wrist carpal tunnel syndrome status post release as well as left wrist de Quervain' s syndrome that is on his other claim. This claim is for the right wrist. He states that the symptoms are unchanged. His carpal tunnel release has helped in his symptoms and now he still has a little bit of pain. He wears his wrist brace. The pain is 2-3/10, and often times he is tired and sore after he does activity. Per 9/24/13 physician note: He denies any changes in his symptoms. He has hand pain off and on as well as feeling of tiredness or weakness of his hand with doing things that involve grip strength. His case is somewhat settled. He is not working. He has run out of Workmen's Compensation and EDD benefits. His wife is working full-time and he is caring for his children. He has access to braces and hot and cold wrap. He also tried Lidoderm patch which he states does not make much of a difference. He is not taking any medications for his injuries. REVIEW OF SYSTEMS: He admits to tiredness sensation in the right wrist. He denies sleep issue. He admits to feeling depressed sometimes. OBJECTIVE FINDINGS: He has full range of motion of his right wrist. He has mild weakness against resistance at 4-/5. DIAGNOSIS: Carpal tunnel syndrome on the right status post decompression surgery (354.0). TREATMENT PLAN & AUTHORIZATION: On his right wrist, he is not int

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: 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 Page(s): 6, 25 & 30-32.

Decision rationale: Functional Restoration Program 97799 is not medically necessary per MTUS guidelines. Per the guidelines outpatient pain rehabilitation programs may be considered medically necessary when particular criteria are met including that "The patient has a significant loss of ability to function independently resulting from the chronic pain." The documentation submitted does not support that the patient meets this criteria. Per documentation the patient is able to care for his children while his wife works. He is able to perform self care activities of daily living and he can manage chores with rest periods. There is no documentation that patient has significant loss of ability to function independently and therefore a functional restoration program is not medically necessary.