

Case Number:	CM13-0019146		
Date Assigned:	11/08/2013	Date of Injury:	10/12/2012
Decision Date:	01/28/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/30/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 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:

The patient is a 36-year-old injured worker who reported an injury on 10/12/2012 when sustaining a burn to their right wrist and hand after grabbing a pan that had just been brought out of a 480-degree oven. The patient has been reported to have been diagnosed with severe complex regional pain syndrome (CRPS) with chronic neuropathic pain from the hand radiating to the forearm and then up to the upper neck region. The patient's hand was reported to be very sensitive to cold and touch. It was noted that the patient had significant limitations with use of dominant right upper extremity with limited ability to perform gripping, grabbing, and grasping activities and to perform fine motor tasks. The patient is noted to have completed 3 weeks of a functional restoration program for 90 hours as of 07/26/2013. The patient is noted to have identified their own treatment goals including, being able to do things for themselves, not feel as much pain, to return to being the same person as before and not depend too much on medication, and to be more positive. The patient was noted to have made some progress being more able to adhere to a daily schedule, complete daily normal activities. It is reported at that time, the patient had increased their social interaction a little. During treatment observations, it was noted that the patient had been an active participant in all program activities, to have demonstrated a fair grasp of the week's topic of identifying and restructuring stressful thinking. The patient was noted to have a fair developing understanding of relationship between pain, stress, and mood. The patient reported decreased medication use and continued use of more active coping strategies; however, due to their severe case of CRPS, they were extremely fearful of using their right upper extremity, which had slowed physical progress. The patient was noted to have begun to challenge that fear and to use their injured hand more. The patient continued to demon

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued functional restoration program for 60 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 31-32..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic pain programs (functional restoration program.

Decision rationale: The California MTUS Guidelines state that integrative summary reports should include treatment goals, progress assessment, and stage of treatment and it is suggested that treatment last no longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes and should be based on chronicity of disability and other non-risk factors. There is no documentation of an individualized care plan and the rationale given for the need for additional treatment was the patient's slow progress in overcoming fear of using their right hand. Given the clinical documentation submitted for review, the need for continued functional restoration program for 60 hours is not established and does not meet Guideline recommendations. The request for a continued functional restoration program of 60 hours is not medically necessary and appropriate.