

Case Number:	CM13-0047025		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2010
Decision Date:	03/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 and is licensed to practice in Illinois. 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 43-year-old female who reported an injury on 01/05/2010. The mechanism of injury was not provided for review. The patient sustained an injury to her left upper extremity and failed to respond to conservative treatments, to include corticosteroid injections. Surgical intervention was recommended for this patient. However, the patient wished to avoid surgery and participate in a functional restoration program. The patient's most recent clinical evaluation documented that the patient had continued left upper extremity pain and weakness complaints. Objective findings included positive Tinel's sign over the left elbow with 4/5 bilateral upper extremity grip strength and tenderness to palpation over the medial and lateral epicondyles bilaterally. The patient's diagnoses included cubital tunnel syndrome, epicondylitis, and hand pain. The patient's treatment plan included a functional restoration program in attempt to avoid surgical intervention.

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 Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional Restoration Programs), Page(s): 30.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has functional deficits and has failed to respond to conservative treatments to include injection therapy and physical therapy. It was also noted within the documentation that the patient was previously approved for a functional restoration program, however, never attended. California Medical Treatment Utilization Schedule recommends a functional restoration program for patients that have had an adequate and thorough baseline evaluation to support functional improvement throughout the program and documentation of willingness and a motivation to change. The clinical documentation submitted for review clearly identifies the patient's goal is to avoid surgery and the patient is willing to participate in a functional restoration program. However, an adequate baseline assessment of the patient's functionality is not submitted for review. Additionally, when the goal of treatment is to avoid surgical intervention, a trial of 10 visits must be implemented per California Medical Treatment Utilization Schedule. The request as it is written does not clearly identify a duration of treatment. Therefore, the appropriateness of that treatment cannot be established. As such, the requested functional restoration program is not medically necessary and appropriate.