

Case Number:	CM13-0048514		
Date Assigned:	04/04/2014	Date of Injury:	09/27/2012
Decision Date:	05/08/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/05/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of September 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery on March 13, 2013; and extensive periods of time off of work. In a utilization review report of October 30, 2013, the claims administrator denied a request for two weeks of a functional restoration program, stating that the applicant had a pending surgical request on or around the date of the request. The applicant's attorney subsequently appealed. A September 17, 2013 progress note is notable for comments that the applicant reported persistent symptoms about the right hand and wrist with positive tenderness, swelling, and diminished range of motion appreciated about the same. A well-healed surgical scar is noted. The applicant is given prescription for Norco for pain relief, is asked to consult an orthopedic surgeon for a second opinion, and remain off of work, on total temporary disability. In a September 18, 2013 progress note, a second opinion hand surgeon gave the applicant a diagnosis of residual carpal tunnel syndrome following other carpal tunnel release surgery with electrodiagnostic evidence of residual carpal tunnel syndrome following the prior carpal tunnel release surgery. The applicant was given corticosteroid injection for carpal tunnel syndrome in clinic and asked to follow up following completion of the same. On October 1, 2013, the applicant was described as having developed depression and anxiety owing to chronic pain. Prozac was introduced at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM X2 WEEKS 10 SESSIONS AT OASIS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, 92, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the criteria for pursuit of chronic pain programs is evidence that an applicant is not a candidate for surgery or other treatments, which would clearly be warranted to improve pain and function. In this case, it appears that the applicant can improve, both medically and psychologically. The applicant has yet to pursue psychological counseling as of the date of request. The applicant was recently started on psychotropic medications on or around the date of the request for the functional restoration program. The applicant may very well be a candidate for revision carpal tunnel release surgery. All of the above, taken together, suggested that there are many treatments which the applicant could employ which are likely to improve pain and function in lieu of the proposed functional restoration program. Therefore, the proposed functional restoration program is not certified, on independent medical review.