

Case Number:	CM13-0056780		
Date Assigned:	12/30/2013	Date of Injury:	12/06/2007
Decision Date:	03/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 & Rehabilitation 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:

This is a 39-year old female with a date of injury of 12/06/07. The patient was kneeling to clean behind a toilet when she fell forward, striking her head on a toilet handle. She has had extensive prior treatment for diagnoses of cervical disc injury, cervical sprain/strain, right CTS s/p CTR in March of 2009, bilateral shoulder sprain/strain, recurrent right CTS and hand pain. She is currently under the care of a Physical Medicine and Rehabilitation/Pain specialist for chronic symptoms. On 6/19/13, the patient underwent a multidisciplinary evaluation for consideration of an FRP. The report shows thorough medical, psychological and therapy evaluations. It does appear that previous methods of treatment have been unsuccessful, and given the date of injury, it appears unlikely that other options will result in significant improvement. There is a loss of independent function due to chronic pain. It is unclear if this patient is a candidate for additional surgery, as she has a history of CTS and is s/p CTR but with recurrence of symptoms. It is not clear that that the patient is not a candidate for revision CTR, or that follow-up electrodiagnostic testing shows stable nerve conduction. There is not clear documentation that the patient is motivated to change and willing to forgo secondary gains. There is no evidence that negative predictors of success have each been addressed. The FRP evaluation actually lists the CA MTUS criteria, but fails to address all criteria specifically. This was submitted to Utilization Review on 10/23/13 and 12/23/13. In both cases, the request was not recommended for certification. On the 10/23/13 UR referral, the duration of the initial FRP is not specified. On the 12/23/13, 6 weeks of the program were requested.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: Guidelines outline 6 very specific criteria for entrance into an FRP, and these include: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In my evaluation of the medical record, 3 of these 6 criteria are not met. Criteria #4 is not met, as this patient has a history of right CTS s/p CTR, and has recurrence of CTS symptoms. Documentation does not indicate that the patient is not a candidate for revision CTR, or that any evaluation/diagnostics have been done to rule out this type of surgery. Though this has not been "requested", clear documentation should be submitted that reflects that the patient is not a candidate for any further surgery or procedures. Criteria #5 is not met, as none of the reports, including the FRP evaluation, states that the patient is highly motivated and willing to forgo secondary gains. Criteria #6 is not met, as the 9 negative predictors of success are not specifically addressed and documented with regards to this patient. Finally, guidelines only recommend an initial 2-week trial (10 days), with total duration generally not exceeding 4 weeks (20 days). Medical necessity for this Functional Restoration Program is not established.