

Case Number:	CM13-0058608		
Date Assigned:	12/30/2013	Date of Injury:	08/03/2007
Decision Date:	04/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and 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 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 patient is a 56 year-old female LVN who sustained an injury to the right upper extremity from repetitive motion on 8/3/07 while employed by [REDACTED]. The request under consideration include an additional ten (10) days of the functional restoration program (FRP). The patient has injury to both hands, wrists and right elbow claimed from repetitive work. Diagnoses include carpal tunnel syndrome and hand joint pain. A review of reports indicated the patient went off work for about a year in 2009 and returned with work restrictions in 2010. Conservative care has included multiple sessions of PT, massage, acupuncture treatments, steroid injections, chiropractic care, ice, heat without reduction of pain or improved function. Conference report from the FRP noted patient with increased pain in the arms and hand; wears bilateral wrist and elbow splints; rides a bike for 10 minutes and walks on level ground for 350 feet. It was noted Nucynta was discontinued however, she remained on Norco, Voltaren 1% topical, Neurontin, and Flexeril. The treatment plan included continuing in the functional restoration program for another 10 days; group cognitive behavioral therapy which the patient participates with an open attitude and has good motivation. There was consideration made to start Tramadol or Ultracet in place of Norco as she did well on Nucynta trial. The request was partially-certified on 11/14/13 and modified for another 5 days in the FRP citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL TEN (10) DAYS OF THE FUNCTIONAL RESTORATION PROGRAM (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 & 49.

Decision rationale: Guidelines criteria to continue a functional restoration program beyond 20 sessions requires clear rationale and functional improvement from treatment rendered. It states "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 known risk factors for loss of function." Overall, per the submitted assessment, the patient has unchanged or plateau conditions with some decreased in exercise functions such as treadmill and carrying double handed without Final decrease in opioid (Norco 10/325 mg from 3x/day or TID to Q4-6 hours (up to 4x/day) or muscle relaxant use or had any specific plan for return to work. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by the provider for this patient who has completed 6 weeks of FRP from week of 11/8/13 to week of 1/3/14. The submitted reports have not demonstrated clear indication or support further additional FRP treatment beyond guidelines recommendations and criteria. The additional ten (10) days of the functional restoration program (FRP) is not medically necessary and appropriate.