

Case Number:	CM13-0062317		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2012
Decision Date:	03/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 and is licensed to practice in New York. 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 claimant is a 46 year old female who sustained a work injury on 02/02/2012. She was injured when a crew member struck her hand as she turned around. Her diagnoses include right elbow lateral epicondylitis, right elbow contusion injury, and possible peripheral neuropathy of the elbow. On exam she has tenderness to palpation of the right lateral epicondyle and near full range of motion. Motor and sensory exams are normal. Treatment has included medical therapy and participation in a functional restoration program. The treating provider has requested 6 functional restoration program aftercare visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six functional restoration program aftercare visits: Overturned

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

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

Decision rationale: The review of the medical documentation indicates the claimant has had a positive response to participation in a functional restoration program. Per California MTUS, functional restoration programs are recommended where there is access to programs with proven

successful outcomes for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work. The claimant has participated in a program and per the documentation has demonstrated functional improvement with increased levels of strength and durability and an improved coping mechanism from a psychological standpoint. The requested aftercare visits would improve the potential for continued improvement from both a physical and psychological viewpoint. Medical necessity for the requested service has been established. The requested service is medically necessary.