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| Case Number: | CM13-0063290 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/28/2011 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 Family Practice, has a subspecialty in Preventive 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 patient is a 43 year-old female claimant who sustained a work injury on 11/28/11 involving bilateral elbows and wrists. He was diagnosed with bilateral epicondylitis and wrist tendonitis. He had used oral analgesics for pain control. An MRI on 8/21/12 showed no ligamentous rupture. An EMG in August 2012 showed no radiculopathy or evidence of carpal tunnel. He had undergone several months of therapy in 2012 including electrical simulation, therapeutic exercises, myofascial release, etc. He had also undergone a home exercise program. A progress note on 6/25/13 indicated she had numbness in the hands with 7/10 elbow and shoulder pain. Her exam findings were consistent with epicondylitis and carpal tunnel at the time with a positive Phalen's test, Speed's test, and Adson's test. A request was made for functional restoration program and physical medicine for 2 times a week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 DAY TRIAL OF THE FUNCTIONAL RESTORATION PROGRAM (2 X 5 WEEKS) WITH ADVANCED PHYSICAL MEDICINE AND REHAB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, Physical Medicine Page(s): 49, 98-99.

Decision rationale: In this case, the request for FRP is greater than 5 weeks. In addition, the claimant had undergone significant amount of therapy after the injury and tolerated home exercises. The guidelines do not support the amount of therapy recommended and is not medically necessary.