

Case Number:	CM13-0065198		
Date Assigned:	01/03/2014	Date of Injury:	02/25/2013
Decision Date:	04/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 2/25/13. A utilization review determination dated 10/4/13 recommends non-certification of 80 hours participation in a functional restoration program. 12/12/13 AME report identifies that the author opines that it seems excessive to put a patient with a fifth digit injury directly into a functional restoration program, and noted that a psychologist may be able to offer some insight into the patient's reluctance to reengage in life. The patient seems to be quite fearful of aggravating his pain and catastrophizing in terms of his functional losses. The author notes that a psychology/psychiatry med-legal evaluation or at least a psychology consultation to clarify what factors are preventing the patient from returning to employment should be obtained. 11/22/13 request for reconsideration identifies that the patient is status post right little digit ORIF and subsequent extensor tenolysis with removal of hardware, collateral ligament release, and manipulation of the PIP joint. On exam, he has decreased ROM of the fifth digit with weakness and decreased sensation. Decreased sensation is noted in the ulnar distribution with a positive Tinel's sign at the elbow, but electrodiagnostic testing is negative. The patient would like to avoid further surgery. A [REDACTED] Program (FRP) evaluation was done and the patient was said to be a good candidate

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighty hours participation in a [REDACTED] Program: 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: The California MTUS Chronic Pain Medical Treatment Guidelines supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the documentation available for review, it is noted that the AME identified that the patient is quite fearful of aggravating their pain and is catastrophizing in terms of functional losses and recommended that a psychologist may be able to offer some insight into the patient's reluctance to reengage in life. High levels of psychosocial distress is considered to be a negative predictor of success for a functional restoration program, and that it appears to be a significant factor in this case for a patient with a fifth digit injury. Addressing the psychological distress may very well result in significant clinical improvement and the ability to function. As these issues have not been addressed, there is no clear indication for a functional restoration program at this time. The request for eighty hours participation in a [REDACTED] Program is not medically necessary and appropriate