

Case Number:	CM13-0068796		
Date Assigned:	01/03/2014	Date of Injury:	12/26/2012
Decision Date:	04/15/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 Pain Management, has a subspecialty in Interventional Spine 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 34 year old male with date of injury 12/26/12. The treating physician report dated 11/27/13 indicates that the patient has chronic pain affecting the left upper extremity. He is status post avulsion fracture of the left 5th digit distal phalanx and is status post-surgery with partial resection of the left 5th distal phalanx. The current diagnoses are: 1.Fx phalanx hand nos-opn 2.Lesion ulnar nerve The utilization review report dated 12/16/13 denied the request for 1 initial evaluation at the [REDACTED] Functional Restoration Program. The rationale for the denial was based on the decision that the patient didn't require an interdisciplinary pain management approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 INITIAL EVALUATION AT THE [REDACTED] FUNCTION RESTORATION PROGRAM BETWEEN 11/27/2013 AND 2/4/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration program (FRP)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The patient presents with chronic pain affecting the left upper extremity. He previously underwent surgery for an avulsion fracture of the left 5th digit distal phalanx and is status post-surgery with partial resection of the left 5th distal phalanx. The treating physician reports that the patient has decided to defer surgery that was offered for ulnar neurolysis at the left elbow and excision of the residual nail germinal matrix to help with nail fragments at the amputation site. The current request is for 1 evaluation only for a functional restoration program. If the patient is found to be a good candidate, then the full program will be requested. The MTUS guidelines recommend functional restoration programs. Furthermore the ACOEM guidelines support referral to a specialist to aid in complex issues. The treating physician indicates that he feels the patient's condition would best be addressed through a functional restoration program to improve his coping skills in dealing with his current persistent pain and improve his functional level. Recommendation is for authorization.