

Case Number:	CM13-0071576		
Date Assigned:	01/08/2014	Date of Injury:	07/29/2011
Decision Date:	06/10/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 injured worker is a 48-year-old who reported an injury on July 29, 2011. The mechanism of injury was not stated. Current diagnoses include bilateral upper extremity injury, repetitive strain injury, myofascial pain syndrome, right wrist tendonitis, right De Quervain's synovitis, bilateral epicondylitis, and possible right median neuropathy. The injured worker was evaluated on October 3, 2013. The injured worker reported pain and discomfort involving the right wrist and hand. Physical examination revealed local swelling and tenderness in the right elbow and wrist with 5/5 motor strength. Treatment recommendations at that time included continuation of current medication and a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR 10 DAYS FOR THE RIGHT WRIST:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should also be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Total treatment duration should generally not exceed 20 full day sessions. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment with an absence of other options that are likely to result in significant clinical improvement. There is also no documentation of a significant loss of the ability to function independently. There was no evidence of an adequate and thorough evaluation. The request for a functional restoration program for ten days for the right wrist is not medically necessary or appropriate.