

Case Number:	CM14-0001084		
Date Assigned:	01/22/2014	Date of Injury:	11/11/2011
Decision Date:	08/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational 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 44-year-old male who has submitted a claim for distal phalanx fracture, causalgia upper limb, and psychogenic pain associated with an industrial injury date of November 11, 2011. Medical records from 2012-2013 were reviewed. The patient complained of left upper extremity pain, rated 7/10 in severity. There was pain on both ventral and dorsal aspects of her left forearm. There was intermittent swelling of the left hand noted. The pain radiates up to the left shoulder. Physical examination showed a well-healed surgical scar on the tip of the middle finger on the left. There was a palmar surgical incision which was well-healed over the carpal tunnel and extending into the palm of the hand. There was 125 degrees shoulder flexion and 115 degrees elbow flexion on the left. Motor strength was 4/5 on the left shoulder. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, home exercise program, activity modification, left carpal tunnel release, and functional restoration program. Utilization review, dated December 17, 2013, denied the request for 20 functional restoration program sessions between 12/17/2013 and 1/31/2014 because the patient presents with no utilization of opioids for her chronic pain, there was minimal objective functional improvement on physical exam, and the requested sessions were excessive in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 FUNCTIONAL RESTORATION PROGRAM SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAM) Page(s): 30-32.

Decision rationale: According to pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, continued functional restoration program (FRP) participation is supported with demonstrated efficacy as documented by subjective and objective gains. Additionally, guidelines state that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the patient was able to complete participation in a functional restoration program for six weeks and has received good benefit. Discharge summary from the functional restoration program, dated December 16-20, 2013, stated that aftercare treatment was requested so the gains that the patient has made can be integrated and internalized in a way that will allow her to continue these successes. However, the number of aftercare sessions is not provided from the documentation. Furthermore, a recent clinical evaluation after the completed program showing subjective and objective gains was not available. A reevaluation is needed to determine if the patient needs extension of functional restoration program. Therefore, the request for 20 functional restoration program sessions is not medically necessary.