

Case Number:	CM14-0004897		
Date Assigned:	02/05/2014	Date of Injury:	09/20/2012
Decision Date:	07/03/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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:

This is a 60 year old female with a 9/20/12 date of injury from repetitive trauma. On 12/6/13, an appeal note from a prior denial noted that it was not adequately documented whether all conservative treatments had been exhausted. The patient has chronic bilateral hand pain. On an EMG from 11/6/13, it was noted that the patient had slightly worsened right median sensory and motor mononeuropathy. The provider notes that the patient is not considered a surgical candidate unless there is significant worsening of her carpal tunnel syndrome. The patient is not felt to be a surgical candidate. The patient also has clear evidence of depression and anxiety. On 1/20/14, it was noted that a surgical consult was made and the patient has this scheduled on 2/26/14. Diagnostic Impression: bilateral carpal tunnel syndrome. Treatment to date: carpal tunnel release x 2, activity modification, physical therapy, medication management. A UR decision dated 12/18/13 denied the request for an interdisciplinary evaluation based on the fact that the reviewer had a conversation with the provider and the physician wished the withdraw the request pending more work-up based on the fact that there is worsening of the patient's bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL INTERDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 pg Page(s): 31-32.

Decision rationale: The MTUS Chronic Pain Guidelines' criteria for functional restoration program (FRP) participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, it is documented in the most recent office visit note that the patient is being referred to a hand specialist in order to rule out completely that she is not a surgical candidate due to continued symptoms and slight worsening of her carpal tunnel syndrome on her most recent EMG/NCS. In addition, the patient is noted to have significant anxiety and depression, and it is unclear if she has had psychotherapy to address these concerns. Guidelines do not support FRP participation unless all negative predictors of success have been addressed. Therefore, the request is not medically necessary and appropriate.