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| Case Number: | CM14-0006363 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 10/11/2007 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 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:

According to the records made available for review, this is a 60-year-old female with a 10/11/07 date of injury. At the time (12/10/13) of request for authorization for functional restoration program initial evaluation, there is documentation of subjective (ongoing bilateral wrist pain radiating to the elbows and shoulders with numbness and tingling into the fingers) and objective (positive Tinel's sign bilaterally, positive Phalen's test, positive allodynia of the right lateral elbow, decreased grip strength, diminished sensation over the median nerve distribution bilaterally, and decreased reflexes of the biceps, triceps and brachioradialis) findings, current diagnoses (status post bilateral carpal tunnel release, lateral epicondylitis, and chronic pain syndrome), and treatment to date (right carpal tunnel release in 2008, left carpal tunnel release in 2010, acupuncture, physical therapy, home exercise program, and medications). In addition, 12/30/13 medical report identifies that the patient has a significant loss of ability to function independently resulting from chronic pain; the patient is not a candidate for surgery; there is an absence of other options likely to result in significant clinical improvement; treatment goals have been identified; and the patient is motivated to improve and would like to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM INITIAL EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation 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; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of status post bilateral carpal tunnel release, lateral epicondylitis, and chronic pain syndrome. In addition, there is documentation 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; 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; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for functional restoration program initial evaluation is medically necessary.