

Case Number:	CM14-0006848		
Date Assigned:	02/07/2014	Date of Injury:	12/31/2011
Decision Date:	07/07/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 43-year-old female who has submitted a claim for Pain in Joint, Hand, associated with an industrial injury date of December 31, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right hand pain with difficulty gripping and grasping. On physical examination, the patient was well developed, well nourished, and was not in cardiorespiratory distress. She was alert and oriented. She ambulated without assistance. Treatment to date has included medications, physical therapy, home exercise program, cortisone injection, and A1 pulley excision of the right thumb. Utilization review from January 7, 2014 modified the request for [REDACTED] Functional Restoration Program (NCFRP), quantity 160 hours to 80 hours because a shorter trial was deemed appropriate upon which additional hours could be requested given documented improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] FUNCTIONAL RESTORATION PROGRAM (NCFRP), QUANTITY 160 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, the medical records provided an adequate initial evaluation. The records also showed that previous treatments were unsuccessful and that the patient was not a candidate for further surgery. The patient also exhibited motivation to change and negative predictors were addressed. However, the present request is for 160 hours of functional restoration program participation. Guidelines state that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request for 160 hours is thus in excess of the guideline recommendations. Therefore, the request for [REDACTED] Functional Restoration Program ([REDACTED]FRP), quantity 160 hours is not medically necessary.