MAXIMUS Federal Services

Case Number:	CM14-0009247		
Date Assigned:	02/14/2014	Date of Injury:	12/06/2007
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 & 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:

On June 19, 2013, the patient's treating physical rehabilitation physician submitted a report outlining an interdisciplinary functional restoration program evaluation which had been conducted June 19, 2013 including psychological and physical therapy evaluations and reports. The treating physician reviewed the patient's diagnoses of cervical disc injury, cervical sprain, history of right carpal tunnel release in March 2009, right carpal tunnel syndrome, and ongoing pain and recommended Tylenol No. 3 for pain control. That physician notes reviewed the patient's psychological and physical therapy notes and indicate that the patient has known past psychiatric issues and has ongoing deficits and coping skills creating substantial functional decline in specific functional goals felt not to be achievable through other means. On November 14, 2013, the treating physician expressed concern regarding denial of a recommended functional restoration program. The treating physician emphasized that the patient has tried numerous treatments for pain including carpal tunnel syndrome and has not improved and thus a functional restoration program was recommended. A physician review of December 23, 2013 states that the records do not provide a clear multidisciplinary evaluation to establish that the patient is a proper candidate. That physician evaluation states that the patient has been treated with Tylenol No. 3 and it is not evident that this would require an opioid weaning schedule and states that the functional deficits are not clearly documented, and there is no surgical evaluation stating that the patient is not a surgical candidate and that it is unclear that nonoperative methods have been tried. On October 22, 2013, the treating physician clarified that there may have been a miscommunication in a prior physician review in that there was no specific documented request for a request for surgical treatment in this case. Physical therapy evaluation of June 19, 2013 documents specific decreased deficits in range of motion, strength, flexibility, and endurance and

reports the patient appeared committed to retaining her function and is an appropriate candidate for 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 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Chronic Pain Programs/Functional Restoration Programs Page(s): 32.

Decision rationale: The California MTUS Guideline outlines a very detailed set of criteria for consideration of a functional restoration program. These criteria include the previous methods have been unsuccessful and there are no further surgical and nonsurgical treatment options available and the patient is motivated to change and barriers to success have been addressed. A prior physician review indicated that the medical records did not include each of these criteria for enrollment in a functional restoration program. Review of the record suggests that perhaps those records were not available to the initial reviewer. However, the medical records since June 2013 very clearly outline an interdisciplinary assessment which meets the specific criteria for a functional restoration program. That said, the same criteria very specifically indicate that treatment is not suggested for longer than 2 weeks without evidence of documented efficacy as documented by subjective and objective gains. The treatment guidelines do not support an initial period of functional restoration program treatment beyond 2 weeks, and the medical records do not provide a rationale for an exception for an initial 6-week period. The request is not medically necessary.