

Case Number:	CM14-0012524		
Date Assigned:	02/21/2014	Date of Injury:	03/29/2012
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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:

The patient is a 59-year-old male who was injured on 03/29/2012 while repetitively handling documents through the day, scanning items into their systems, etc. He began to develop right upper extremity pain, numbness and tingling. The prior treatment history has included physical therapy, wrist splint, and medications. Diagnostic studies reviewed include an electromyography/nerve conduction velocity (EMG/NCV) showing right moderate carpal tunnel syndrome, right sensory and motor median mononeuropathy and right ulnar sensory mononeuropathy. A progress note dated 12/17/2013 documented that the patient was in for follow-up for his median neuralgia, following a right carpal tunnel release and asthma. A week before he had to undergo the EMG of his right upper extremity. He has been experiencing anxiety over the study, the results, and his future in regards to the condition. He continues to experience a constant burning sensation. He is not interested in any oral medications for pain at this time and would rather try more natural remedies, such as medicinal marijuana. The current medications consist of: Valium 10 mg, ProAir 90 mcg inhaler, and Qvar 80 mcg. The Formal Request includes a Request for IEFRRP. The diagnoses include: Postoperative infection; Carpal tunnel syndrome; Pain in joint of shoulder; and Pain in joint of forearm. The utilization review (UR) notes dated 01/28/2014, document that the patient would be undergoing orthopedic consultation on 01/13/2014 with [REDACTED]. [REDACTED] report states that "absent compelling evidence of worsening on repeat nerve conduction velocity, I would not anticipate any indication to consider any further treatment." The denial furthermore states that negative predictors of success have not been addressed. He does not have a negative outlook about future employment. The patient does have high levels of psychological distress involvement in financial disability disputes. He does not smoke or have prevalence of opiate use for the management of his pain. He does not have increased duration of pre-referral disability time, nor does the patient have

elevated pre-treatment levels of pain. The UR report dated 01/03/2014, denied the request for a functional restoration program (FRP) as the medical necessity has not been established. FRP evaluation may be indicated if the patient is not a candidate for surgery. In view of the documentation provided the patient has an orthopedic evaluation scheduled. It cannot be ruled out if the patient is a surgical candidate. Furthermore, there is no evidence that the patient has demonstrated the motivation to change or that negative predictors of success have been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FUNCTIONAL RESTORATION PROGRAM (FRP) EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) AND FUNCTIONAL RESTORATION PROGRAMS (FRPs), PAGE 30-32 AND 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs, Chronic pain programs Page(s): 49, 30-32.

Decision rationale: The Chronic Pain Guidelines indicate that outpatient pain rehab programs, including a functional restoration program (FRP) may be medically necessary when an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. The physician is requesting one (1) initial evaluation based on the patient's functional decline and continued pain. Prior denials were based on the patient possibly undergoing additional surgery. The patient was seen for orthopedic consultation on 01/13/2014 and it was determined the patient was not a surgical candidate. Based on prior failure of treatments and the patient not being a candidate for surgical intervention, the patient would be a candidate for the evaluation.