

Case Number:	CM14-0018220		
Date Assigned:	04/21/2014	Date of Injury:	02/08/2012
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 48-year-old female with a 2/8/12 date of injury. At the time of the decision for functional rehabilitation program x 6 sessions for wrist strain and carpal tunnel syndrome (1/8/14), there is documentation of subjective (improved right wrist pain, improved pain coping ability, and improved sleep patterns) and objective (improvement in image and self-esteem, improvement in psychological and emotional patterns, improvement in pain levels, and increased overall functionality and tolerance of exercises) findings. The current diagnoses include carpal tunnel syndrome, reflex sympathetic dystrophy of the upper limb, and wrist strain. The treatment to date include thirty (30) functional restoration program (FRP) sessions with 35% improvement in functionality and 50-60% completion of short-term goals; right wrist brace, physical therapy, and medications. In addition, the medical report plan identifies a request for six (6) final program sessions given the complexity and chronicity of the patient's condition. There is no documentation of a clear rationale for the specified extension and reasonable goals to be achieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL REHABILITATION PROGRAM TIMES SIX (6) SESSIONS FOR WRIST STRAIN AND CARPAL TUNNEL SYNDROME: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The Chronic Pain Guidelines identify documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; 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 a functional restoration/chronic pain program. In addition, the guidelines identify that treatment is not suggested for longer than two (2) weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, the guidelines identify that treatment duration in excess of twenty (20) sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, reflex sympathetic dystrophy of the upper limb, and wrist strain. In addition, there is documentation of thirty (30) functional restoration program (FRP) sessions completed to date. Furthermore, given documentation of subjective findings (improved right wrist pain, improved pain coping ability, and improved sleep patterns), objective findings (improvement in image and self-esteem, improvement in psychological and emotional patterns, improvement in pain levels, and increased overall functionality and tolerance of exercises), and 35% improvement in functionality and 50-60% completion of short-term goals with FRP provided to date, there is documentation of demonstrated efficacy as documented by subjective and objective gains; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance. However, given documentation of thirty (30) FRP sessions completed to date, which exceeds guidelines, and despite documentation of a plan identifying six (6) final program sessions to address the complexity and chronicity of the patient's condition; there is no documentation of a clear rationale for the specified extension and reasonable goals to be achieved. Therefore, based on guidelines and a review of the evidence, the request for functional rehabilitation program time six (6) sessions for wrist strain and carpal tunnel syndrome is not medically necessary.