MAXIMUS Federal Services

Case Number:	CM14-0111471		
Date Assigned:	08/01/2014	Date of Injury:	03/21/2006
Decision Date:	10/06/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 41-year-old female with a 3/21/08 date of injury. The mechanism of injury occurred when she tripped and fell onto both wrists. According to an 8/4-8/7/2014 week 6 report from the functional restoration program, the patient reported moderate elevation range depression scores and moderate elevation range anxiety scores on the Zung inventories. Upon physical examination, challenges to her rehabilitation noted were lack of flare-up control, increased kinesiophobia, disrupted sleep patterns, increased myofascial stress problem, activities of daily living and functional impairments, and several objective measures of physical deconditioning. The patient has demonstrated a physical regression in many areas. Although these are considered objective measures, they can still be influenced by motivational forces or psychological distress. The patient appeared to be demonstrating some separation anxiety. Diagnostic impression: bilateral carpal tunnel release, upper extremity complaints, myofascial pain syndrome, opioid dependence. Treatment to date includes medication management, activity modification, and physical therapy. A UR decision dated 7/10/14 denied the request for functional restoration program x 20 days. The claimant has attended what should have been a sufficient number of visits and specific evidence of objective benefit and functional improvement has not been submitted in support of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 20 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. There is no documentation of how many completed functional restoration program sessions the patient has completed. An additional 20 sessions would exceed guideline recommendations. However, after the first 6 weeks of treatment, it is documented that the patient was noted to have demonstrated a physical regression in many areas. With little to no improvement noted after the first 6 weeks of treatment, continuation of the restoration program cannot be substantiated. Therefore, the request for Functional Restoration Program x 20 days is not medically necessary.