

Case Number:	CM14-0168859		
Date Assigned:	10/17/2014	Date of Injury:	06/21/2011
Decision Date:	11/26/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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:

The underlying date of injury in this case is 6/21/2011. The date of the utilization review under appeal is 10/2/2014. The patient's diagnosis includes chronic pain syndrome and wrist/hand tenosynovitis. The primary treating physician saw the patient in follow-up on 9/25/2014. The patient did not complain of any pain at that time. The patient had full range of motion of the right elbow in all planes. The patient's right elbow hyperflexion test was negative. The treating physician noted the patient had the past diagnosis of carpal tunnel syndrome, thoracic pain syndrome, and major depression. The treating physician noted that the patient had a Functional Restoration Program Evaluation, which was recently done, and the patient was felt to be a candidate for this program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 160 Hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses Chronic Pain Programs/Functional Restoration Programs on page 32. Among these criteria are that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Thus, the request at this time for 1-60 hours or 4 weeks of a functional restoration program exceeds the treatment guidelines. The medical records do not provide a rationale as to why an exception would be appropriate. This request is not medically necessary.