

Case Number:	CM14-0175585		
Date Assigned:	10/28/2014	Date of Injury:	01/01/1997
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 49-year-old female who reported an injury on 12/21/2012 due to cumulative trauma with repetitive motion. Her diagnoses include psychophysiological disorder, carpal tunnel syndrome, and fibromyositis. Past treatments included physical therapy, exercise, rest, medication, and a functional restoration program. On 08/07/2014, the injured worker complained of bilateral wrist pain rated 7/10, along with stiffness, tenderness, and extremity weakness in both joints. The physical examination revealed the injured worker to be in no acute distress and have appropriate affect. The functional restoration program report dated 08/18/2014, reported the injured worker to have better posture, was leaving the house more, had less anxiety, was exercising more, had better body mechanisms, was more social, and more active. The objective progress assessment indicated an increase of activity tolerance from 3 hours a day to 6 hours a day in week 2, an increase in lifting and carrying, engaging in the home exercise program, and using active self-management techniques in lieu of medications. Her medications included Fexofenadine 180 mg once daily, Naproxen 500 mg twice a day, Norco 10/325 mg up to 3 times a day, and Valsartan 320 mg combined with Hydrochlorothiazide 12.5 mg daily. Her treatment plan included continued Norco and Naprosyn, begin functional restoration program on 08/11/2014, and follow-up with primary physician. A request was received for an additional 2 weeks of functional restoration program (2 weeks, 10 days, 60 hours, fifth and sixth week). A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2 weeks of Functional Restoration Program (Two weeks, 10 days, 60 hours, 5th & 6th week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management.

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

Decision rationale: The request for an Additional 2 weeks of Functional Restoration Program (Two weeks, 10 days, 60 hours, 5th & 6th week) is not medically necessary. According to the California MTUS Guidelines, functional restoration programs are recommended when there is access to the programs, since they provide proven successful outcomes for patients with conditions that put them at risk for delayed recovery. The guidelines also state that a progress assessment must be made available upon request on a biweekly basis during the course of treatment and the treatment is suggested for no longer than 2 weeks without evidence of demonstrated efficacy, as documented by subjective and objective gains. It is also noted that the total treatment duration should not exceed 20 full day sessions, and an excess of 20 sessions requires a clear rationale for the specified extension along with reasonable goals to be achieved. The injured worker was noted to have completed 4 weeks of the functional restoration program to total 60 hours in 10 days. However, documentation was not provided for weeks 3 and 4, indicating the amount of hours and the amount of days the injured worker had completed. Based on the lack of documentation with evidence to corroborate objective functional improvement from week 1 through 4 and the guidelines suggesting 20 sessions unless exceptional factors are documented, the request is not supported by the guidelines. As such, the request for Additional 2 weeks of Functional Restoration Program (Two weeks, 10 days, 60 hours, 5th & 6th week) is not medically necessary.