

Case Number:	CM14-0029519		
Date Assigned:	06/16/2014	Date of Injury:	10/12/2011
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/07/2014

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:

This 51 year old patient sustained an injury on 10/12/11 while employed by [REDACTED]. Diagnoses include chronic cervicalgia; bilateral shoulder arthralgia; neuropathic pain; bilateral CTS. Conservative care has included physical therapy, medications, modified activities/rest, and cortisone injection which did not help. She subsequently had left carpal tunnel release in April 2013. Current medications list topical NSAIDs, opioids, and benzodiazepines. A report noted the patient with continued signs of positive median nerve entrapment at wrist bilaterally with reduced function and GAF of 60 indicating moderate functional debilitation along with reactive anxiety and depression per functional restoration evaluation. The request for functional restoration program x 160 hours was non-certified on 3/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM X 160 HOURS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs) Page(s): 49.

Decision rationale: The MTUS Chronic Pain Guidelines' criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this chronic injury. The MTUS Chronic Pain Guidelines note a poor outcome from a FRP with delayed treatment as in this case for a chronic injury of 2011. The patient was deemed P&S with permanent disability and was noted to be unable to return to a previous form of work. The patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered for diagnoses of CTS and mild supraspinatus tendinosis. Submitted reports have not demonstrated specific limitations in ADLs described to support for ongoing therapy that has not provided any long-term functional benefit having reached MMI. Additionally, the MTUS Chronic Pain Guidelines recommend an initial trial of 2 weeks FRP with further consideration pending documented functional benefit. As such, the request is not medically necessary and appropriate.