

Case Number:	CM14-0033688		
Date Assigned:	06/20/2014	Date of Injury:	02/16/2010
Decision Date:	07/22/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old female who reported an injury on 02/16/2010. The mechanism of injury was not provided in the medical records. She is diagnosed with major depressive disorder and pain disorder with psychological factors and a general medical condition. Her previous treatments were noted to include right carpal tunnel release, right cubital tunnel release, right shoulder surgery, right thumb surgery, and right wrist TFCC repair. It was also noted that she is participating in physical therapy, individual psychological treatment, and antidepressants. At her follow-up visit on 01/28/2014, the injured worker complained of lack of motivation, excessive worrying, and sadness. Her treatment plan was noted to include continued participation in the individual cognitive behavioral psychotherapy, and a multidisciplinary Functional Restoration Program to teach her how to manage her pain on a daily basis and combat associated mental health issues. A Request for Authorization form was submitted for a Functional Restoration Program on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: 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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the California MTUS Guidelines, admission to a multidisciplinary pain management or Functional Restoration Program may be supported when an adequate and thorough evaluation has been made which includes 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; the patient is not a candidate for surgery or other treatments. The patient exhibits motivation to change and negative predictors of success have been addressed. The guidelines also indicate that the length of time since the injury can be a negative predictor of success. The clinical information submitted for review indicates the injured worker is more than 4 years status post injury and has undergone multiple surgical procedures. The documentation also suggested that she has been recommended for a carpal tunnel release surgery for which she is reluctant to proceed with based on the result from her previous carpal tunnel release surgery. In addition, she has been recommended for continued individual psychotherapy treatment. Further, an adequate thorough evaluation was not provided in the medical records which included baseline functional testing. Additionally, the documentation failed to show current evidence of significant functional deficits or a motivation to change. Based on the above, the patient does not meet the criteria for admission to Functional Restoration Program according to the California MTUS Guidelines. As such, the request is not medically necessary.