

Case Number:	CM14-0035832		
Date Assigned:	06/23/2014	Date of Injury:	02/17/2011
Decision Date:	08/11/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 New York and Texas. 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 43 year old female whose date of injury is 02/17/2011. The mechanism of injury is described as repetitive work duties including a lot of vacuuming. The injured worker has been off work since February 2011. Follow up note dated 01/22/14 indicates that the injured worker presents with pain in the right arm that radiates to the wrist and hand. Diagnoses are pain limb and Reflex sympathetic dystrophy upper. She failed a spinal cord stimulator trial (reported 20% pain relief) and was recommended for functional restoration program. Progress report dated 04/01/14 indicates that motor strength is 4/5 in wrist flexion and extension. There is pain on palpation of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation With Psych, Physical Therapy and MD:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional restoration program evaluation with psych, physical therapy and a medical doctor is not recommended as medically necessary. The submitted records fail to establish that the injured worker has exhausted lower levels of care and is an appropriate candidate for this tertiary level program as required by California medical Treatment Utilization Schedule (CA MTUS0 guidelines. The injured worker's date of injury is over 3 years old. CA MTUS guidelines do not generally support functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period.