

Case Number:	CM14-0050120		
Date Assigned:	07/07/2014	Date of Injury:	12/31/2011
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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 patient is 43-year-old female who has submitted a claim for right thumb tenovaginitis, residual right thumb pain, and weak hand grip on the right associated from an industrial injury date of December 31, 2011. Medical records from 2013-2014 were reviewed, the latest of which dated March 28, 2014 revealed that the patient successfully completed the Northern California Functional Restoration Program (NCFRP). Over the past 6 weeks, the patient maintained active participation in physical therapy despite intermittent exacerbations of painful symptoms and demonstrated improvements in functional abilities. The patient improved ability to relax and improved pain coping through cognitive behavioral interventions. The patient reduced symptoms of depression, anxiety and insomnia and increased ability to cope with them through utilization of cognitive behavioral techniques. The patient tolerated maintenance of medication regimen despite increasing activity levels. The patient became proficient in an individualized home exercise program designed to improve functional abilities in the right thumb. The patient increased social contact and reduced social isolation. The patient further developed the future plans, including increased engagement in the community. Treatment to date has included functional restoration program (completed 3/28/14), right thumb tenovaginitis (7/25/12), right thumb cortisone injection, and medications, which include Nabumetone, Gabapentin and topical Ketamine. Utilization review from April 9, 2014 denied the request for Functional Restoration Program x 6 visits because history and documentation do not objectively support the request and there is no evidence that the claimant is unable to continue with self-management methods she has learned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs), Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

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

Decision rationale: As stated on pages 31-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. The patient has completed 6 weeks of functional restoration program (3/28/14). The additional 6 visits of functional restoration program is requested to continue to succeed in making the transition to holistic wellness and to maintain the gains obtained during the NCFRP treatment program. However, one of the developments over the duration of the NCFRP program is the patient became proficient in an individualized home exercise program. There is no evidence to support additional supervised therapy. Therefore, the request for Functional Restoration Program 6 visits is not medically necessary.