

Case Number:	CM14-0060397		
Date Assigned:	07/09/2014	Date of Injury:	05/01/1999
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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, Pain Medicine and is licensed to practice in 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 67 year old female who reported an injury to both hands and wrists on 05/01/99. There is an indication the injured worker has been previously diagnosed with rheumatoid arthritis. The utilization review dated 04/17/14 resulted in a denial for an inclusion into a functional restoration program as insufficient information had been submitted regarding the injured worker's symptoms, immobility or an inability to care for herself. The clinical note dated 02/25/14 indicates the injured worker complaining of bilateral shoulder pain with radiating pain into the hands. The injured worker rated the pain as 5-10/10 on the visual analog scale. The note indicates the injured worker having previously undergone bilateral wrist fusions. The injured worker was identified as having very limited range of motion at the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to the help program (FRPs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

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

Decision rationale: The request for a referral to HELP program (functional restoration program) is not medically necessary. The documentation indicates the injured worker complaining of bilateral wrist pain. Inclusion into a multidisciplinary program is indicated for injured workers who have completed all conservative treatments with ongoing functional deficits likely to benefit from an interdisciplinary pain program. No information was submitted regarding the injured worker's functional capacity evaluation indicating a discrepancy in the injured worker's functional status (PDL) in relation to the injured worker's occupational functional status (PDL). Additionally, no information was submitted regarding the injured worker's completion of any conservative treatment. Furthermore, no information was submitted regarding the injured worker's psychological status indicating endorsement from a psychological perspective as no psychosocial evaluation was submitted for review. Given these factors, the request is not indicated as medically necessary.