

Case Number:	CM14-0061250		
Date Assigned:	07/09/2014	Date of Injury:	01/28/2014
Decision Date:	08/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 Orthopedic Surgery and Hand Surgery, 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 33-year-old male who reported an injury on 01/24/2014 after he cut the tip of his thumb off with a saw. The injured worker was evaluated on 03/17/2014. It was noted that the injured worker complained of constant right thumb pain. Physical findings included range of motion of the DIP joint described as 0 to 20 degrees in flexion with evidence of irregular nail growth. The injured worker's diagnoses included right thumb laceration, insomnia and stress. The injured worker's treatment plan included chiropractic treatment and physiotherapy. A request was made for a functional restoration program for the right finger. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 of 3 Functional Restoration Program Body Part right finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Programs (Functional Restoration) Page(s): 31-32.

Decision rationale: The requested functional restoration program for the right finger is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule

recommends functional restoration programs for patients who have chronic pain and who are at risk for delayed recovery as they have failed to respond to lower levels of conservative treatment and are not surgical candidates. The clinical documentation submitted for review does indicate that the injured worker has a history of 2 months of persistent pain following the amputation of the tip of the thumb. However, the clinical documentation submitted for review does not provide any evidence that the injured worker has participated in any type of active therapeutic rehabilitation. It is noted within the documentation that acupuncture was previously requested. However, the outcome of that treatment was not provided. Additionally, the clinical documentation does not provide an adequate psychosocial or baseline functional assessment of deficits that would respond to a multidisciplinary approach. As such, the requested functional restoration program for the right finger is not medically necessary or appropriate.