

Case Number:	CM14-0061880		
Date Assigned:	07/16/2014	Date of Injury:	10/21/2013
Decision Date:	08/26/2014	UR Denial Date:	04/29/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury October 21, 2013. A utilization review determination dated April 29, 2014 recommends non-certification for a functional restoration program evaluation. Noncertification was recommended due to lack of documentation indicating what conservative treatment measures have been attempted and no indication that the patient's psychological issues have been treated adequately. A progress report dated March 31, 2014 identifies subjective complaints of frequent pain, weakness, and numbness in her hands. She is taking Naprosyn, which helps her some, but is temporary. Objective examination findings identify tenderness to palpation in the biceps tendon and AC (acromioclavicular) joint on the left side as well as the left lateral at the condyle region. Sensory examination reveals paresthesias in digits 1 through 4 on the left side as well as reduced strength in the left forearm and hand. The patient also has a positive speed test, positive Tinel's test, and positive Finklestein test on the left. Diagnoses include rotator cuff syndrome, left bicipital tenosynovitis, lateral epicondylitis, carpal tunnel syndrome left, and De Quervain's tenosynovitis left. The treatment plan recommends getting a 2nd opinion orthopedic consultation and an MRI of the shoulder. A progress report dated April 14, 2014 indicates ongoing symptoms in the left elbow, arm, and wrist. The patient is having difficulty sleeping and has been affected by her pain due to irritability, withdrawal, stress, and depression. The treatment plan recommends tramadol, pantoprazole, diclofenac, and evaluation for a functional restoration program. The note goes on to indicate that the patient has not responded well to previous methods of treatment including physical therapy, is not a surgical candidate, is motivated to improve, has no secondary gain issues, and does not display any negative predictors of success.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP Evaluation To Determine Candidacy For Entry Into The FRP With [REDACTED] :
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule; Definitions Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines; Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for an FRP Evaluation, California MTUS supports chronic pain programs/functional restoration programs when: 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 resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, it is unclear whether the patient has failed all reasonable conservative treatment. A progress report dated March 31, 2014 recommends an MRI and an orthopedic consultation, and it is unclear whether these have been done. Additionally, it is unclear if the patient has adequately tried bracing and injections for the diagnosis of carpal tunnel syndrome and lateral epicondylitis. Furthermore, it is unclear how many physical therapy sessions the patient has already undergone, and whether a consistent HEP has been utilized. Additionally, it is unclear whether negative predictors of success have been appropriately addressed. It is noted that the patient has depression and anxiety, and there is no indication that these conditions have been worked up and treated as far as possible prior to consideration of a functional restoration program. In the absence of clarity regarding the above issues, the currently requested FRP Evaluation is not medically necessary.