

Case Number:	CM14-0067317		
Date Assigned:	07/11/2014	Date of Injury:	03/17/2010
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old gentleman was reportedly injured on March 17, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 30, 2014, indicated that there were ongoing complaints of right upper extremity pain. The physical examination demonstrated decreased motor strength of the right hand and a healing scar over the right wrist. Diagnostic nerve conduction studies revealed bilateral carpal tunnel syndrome. Previous treatment included splinting, physical therapy, cortisone injections, elbow platelet-rich plasma (PRP) injection, electro acupuncture, a carpal tunnel release, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for a functional restoration program evaluation and was not certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: According to the California chronic pain medical treatment guidelines, the criteria for participation in a functional rehabilitation program include baseline functional testing and evidence that the injured employee has a significant loss of ability to function independently resulting from the chronic pain. According to the attached medical record, there is no documentation that baseline functional testing has been performed. Additionally, it is unlikely that the condition of carpal tunnel syndrome can result in a significant loss of ability to function independently. Considering this, the request for a functional restoration program evaluation is not medically necessary.