

Case Number:	CM14-0071990		
Date Assigned:	07/21/2014	Date of Injury:	05/09/2011
Decision Date:	10/03/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/19/2014

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 Preventive 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:

According to the records made available for review, this is a 36-year-old female with a 5/9/11 date of injury, and status post carpal tunnel release 1/2/12, Guyon canal release 6/5/12, and cubital tunnel release 11/27/12. At the time (4/24/14) of request for authorization for Functional Restoration Program initial 10 sessions, there is documentation of subjective (significant pain, can only type for 10 minutes in a 24 hours period and this little amount of typing causes significant pain, can no longer use the mouse on the right side, patient is not independent in activities of daily living and relies on husband for help) and objective (restricted cervical spine range of motion, tenderness, positive Spurling, restricted right shoulder range of motion, positive impingement test, positive Yergason and drop arm test, and tenderness, right elbow tenderness at the medial epicondyle, right wrist positive Tinel's and tenderness, 4/5 muscle strength in right motor strength, wrist flexion, wrist extension) findings, current diagnoses (cervical radiculopathy, shoulder pain, elbow pain, and carpal tunnel syndrome), and treatment to date (physical therapy, chiropractic treatment, massage therapy, right shoulder steroid injection, and medications). 5/7/14 medical report identifies that the patient is no longer a candidate for additional surgery and that there is an absence of other options likely to result in significant clinical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Initial 10 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain management program.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, shoulder pain, elbow pain, and carpal tunnel syndrome. In addition, there is documentation of that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; that previous methods of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement; that the patient has a significant loss of ability to function independently resulting from the chronic pain; that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program initial 10 sessions is medically necessary.