

Case Number:	CM14-0072705		
Date Assigned:	07/16/2014	Date of Injury:	12/26/2012
Decision Date:	09/16/2014	UR Denial Date:	05/13/2014
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 Internal 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:

Patient is an injured worker with a history of avulsion fracture of the left fifth digit distal phalanx. Date of injury was 12-26-2012. Regarding the mechanism of injury, the patient suffered a crush injury to the left distal phalanx of the 5th digit and had significant direct trauma to the distal left forearm. Progress reported dated April 30, 2014 documented subjective complaints of upper extremity pain. He is status post avulsion fracture of the left 5th digit distal phalanx and is status post surgery with partial resection of the left 5th distal phalanx. He is using the gabapentin and reports that it helps to decrease the numbness, tingling, and pain in the left upper extremity from the hand up the arm. He has pain in the left shoulder which has been present since he was injured. The patient continues to have left upper extremity pain. Objective findings were documented. The patient is well-developed, well-nourished, and in no cardiorespiratory distress. He is alert and oriented. The patient ambulates to the examination room without assistance. Electrodiagnostic studies dated 5/31/13 reported evidence of mild to moderate ulnar mononeuropathy at the elbow, left greater than right. Diagnosis is avulsion fracture of the left 5th digit distal phalanx. Treatment plan included an initial evaluation at the [REDACTED]. Utilization review determination date was 05-13-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **for 160 hours of treatment:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Programs (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Functional restoration programs (FRPs) hosocial model of chronic pain Page 25 Page(s): 30-34 49 25.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 49) addresses functional restoration programs (FRP). Long-term evidence suggests that the benefit of functional restoration programs diminishes over time. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request was for [REDACTED] functional restoration program for 160 hours of treatment, which is equivalent to 4 weeks of treatment. This exceeds the MTUS limitation of 2 weeks of treatment. Evidence of demonstrated efficacy as documented by subjective and objective gains are required to extend FRP treatment beyond 2 weeks. MTUS guidelines do not support the request for 160 hours (4 weeks) of FRP treatment. Therefore, the request for [REDACTED] for 160 hours of treatment is not medically necessary.