

Case Number:	CM13-0056480		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2011
Decision Date:	12/10/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 24-year-old female who reported an injury on 04/22/2011. The patient reported a gradual worsening of pain in the right upper extremity secondary to repetitive work activity. The patient is currently diagnosed with overuse syndrome of the right upper extremity and cervical sprain/strain. The patient was seen by [REDACTED] on 10/14/2013. The patient reported constant pain in the right shoulder radiating to the elbow, forearm, wrist, and fingers. The patient also reported neck pain. Physical examination revealed temperature change in the right upper extremity when compared to the left, myospasm of the right upper trapezius, tenderness to palpation, decreased range of motion, positive Adson's and Wright's testing, diminished deep tendon reflexes, and atrophy of the right upper extremity. Further treatment recommendations included participation in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation-interdisciplinary consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic pain programs (functional restoration programs) Page(s): (s) 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, there is no evidence that previous methods of treating chronic pain have been unsuccessful with an absence of other options likely to result in significant clinical improvement. There is also no documentation of a psychological evaluation. It is unclear if there has been any treatment rendered focused on treating the patient's reflex sympathetic dystrophy symptoms. There is no documentation of abusive use of medications. The patient's injury is greater than 2 years ago to date. Based on the clinical information received, the request is not medically necessary.