

Case Number:	CM14-0201968		
Date Assigned:	12/12/2014	Date of Injury:	12/18/2013
Decision Date:	02/03/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 67-year-old male with a date of injury of December 18, 2013. According to treatment report dated October 15, 2014, the patient presents for follow-up of his left hand and finger pain. The patient has completed two out of the six hand therapy treatments, and reports so far he is doing well. Patient reports feeling of numbness and tingling in his fingers. He is concerned about his finger contracture, which may be due to the tendons being too short. The treating physician noted "he might still require surgery." Physical examination revealed left hand grip is 3/5 and left-hand showed decreased motion. The left finger showed decreased motion in PIP joint and flexion and extension. The listed diagnosis is pain in joint hand. The treating physician states that the patient continues to have left-hand finger pain and is status post multiple lacerations with development of adhesive capsulitis in multiple joints of the left hand. The patient is status post-surgery but continues to have restriction of range of motion. The treating physician feels that the patient is a candidate for the Northern California functional restoration program and an initial evaluation was completed on June 10, 2014. The Utilization review denied the request on 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with continued left hand and finger pain. The current request is for FUNCTIONAL RESTORATION PROGRAM. The MTUS page 30 to 33 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be warranted, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. According to report 6/10/14, a thorough evaluation was made including baseline functional testing, work physical demand capacity, and short- and long-term goals. The treating physician states in his 10/15/14 report that the patient may need surgery for the finger contracture as the tendons may be too short. The MTUS recommends Functional Restoration Program for patients that meet all 6 criteria for FRPs. In this case, recommendation cannot be made as the patient is currently a surgical candidate. The requested function restoration program IS NOT medically necessary.