

Case Number:	CM14-0206881		
Date Assigned:	12/18/2014	Date of Injury:	12/02/2010
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 30-year-old female who was injured on December 2, 2010. The patient continued to experience pain in her left upper extremity. Physical examination was notable for pain with light touch of the left elbow/forearm, positive Tinel's sign at left elbow, and decreased strength and sensation to the left C8 nerve. Diagnoses included status post left ulnar nerve transposition, left wrist sprain/strain, left shoulder sprain/strain, medial and lateral epicondylitis, a cervicotrachezius sprain/strain, and major depressive disorder. Treatment included medications, activity restriction, physical therapy, and surgery. Request for authorization for functional restoration program was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fitness for Duty Chapter Page(s): 31 and 32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter (FCE)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic pain programs (functional restoration programs).

Decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. (FRPs) are interdisciplinary pain programs and emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Criteria for outpatient FRP include chronic pain syndrome, failure of previous methods to treat chronic pain, documentation that the patient has motivation to change, and evaluation by an addiction clinician if substance abuse issues are a concern. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case there is no documentation that the patient had motivation to change. Criteria for functional restoration program have not been met. The request should not be authorized.