

Case Number:	CM15-0016213		
Date Assigned:	02/04/2015	Date of Injury:	03/01/2011
Decision Date:	04/20/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 64 year old female, who sustained an industrial injury on 3/01/2011. The diagnoses have included medial epicondylitis, lateral epicondylitis, pain in joint, hand and pain psychogenic not elsewhere classified. Treatment to date has included medication, acupuncture and physical therapy. X-ray (2011) revealed arthritis of the right thumb. EMG (electromyography) (7/2012) was read as negative. Magnetic resonance imaging (MRI) of the right wrist and elbow dated 12/07/2012 showed first carpometacarpal joint osteoarthritis and some abnormal bony changes around the trapezium of the right hand. Currently, the IW presents for follow up of right upper extremity pain. The pain is worse with grasping and repetitive movement. The pain goes from the right radial wrist to and base of thumb up the proximal forearm. Objective findings included normal muscle tone without atrophy in the bilateral upper extremities. On 1/21/2015, Utilization Review modified a request for [REDACTED] functional restoration program (160 hours), noting that the number of requested visits exceeds guideline recommendations. The MTUS was cited. On 1/28/2015, the injured worker submitted an application for IMR for review of [REDACTED] functional restoration program (160 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Functional Restoration Program, 160 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs) Page(s): 49.

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

Decision rationale: [REDACTED] Functional Restoration Program, 160 hrs is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the criteria for chronic pain programs includes that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request for 160 hours exceeds the recommended MTUS Guidelines and is not medically necessary.