

Case Number:	CM15-0134020		
Date Assigned:	07/22/2015	Date of Injury:	07/11/2011
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

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

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 55 year-old male who sustained an industrial injury on 07/11/11. He reported bilateral elbow pain. Current diagnoses include forearm pain, cervical disc displacement with radiculitis, and bilateral epicondylitis. Diagnostic testing and treatment to date has included radiographic imaging, left elbow surgery 2012, psychotherapy, physical therapy, and pain medication management. Currently, the injured worker complains of right elbow pain and occasional left elbow pain that radiates up to his shoulders bilaterally and neck. He has numbness and weakness to his right and left fingers. He still has pain despite pain medication treatment, and has limitations in activities of daily living; he rates his pain at a 9 on a scale of 10. Physical examination is remarkable for normal range of motion of the cervical spine, and motor strength is within normal limits of the upper extremities. Sensation is normal in all dermatomes bilateral upper extremities, and deep tendon reflexes are normal. Current plan of care is interdisciplinary treatment including medication optimization, and physical rehabilitation. The injured worker is not a surgical or cervical epidural steroid injection candidate due to his blood glucose levels; he is a diabetic. Requested treatments include functional restoration program x 30 days (4 days a week x 7.5 weeks). The injured worker's status is not addressed, but he has not worked since 2011. Date of Utilization Review: 06/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 30 days (4 days a week x 7.5 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in July 2011 and is being treated for right elbow pain. He was evaluated for a functional restoration program on 05/12/15. He had undergone right elbow surgery in March 2012 and additional surgery had been recommended. This had been put on hold due to uncontrolled diabetes. There was decreased lumbar spine range of motion with pain and muscle guarding. There was no examination of the elbow. Authorization for participation in the program for 30 days is being requested. In this case, a functional restoration program is not medically necessary. Right elbow surgery is pending after the claimant's diabetes is brought under control. Although this is a chronic condition, it can be managed medically and there would be no reason to think that he would be unable to undergo the surgery and this remains an option that may result in significant improvement. Additionally, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The requested number of sessions and duration of the program is in excess of recommended guidelines and is not medically necessary for this reason as well.