

Case Number:	CM15-0138679		
Date Assigned:	07/30/2015	Date of Injury:	02/01/2012
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on 2/1/12 Initial complaint of right wrist pain. The injured worker was diagnosed as having pain psychogenic NEC; pain in joint forearm right wrist; long-term use of medications. Treatment to date has included physical therapy; acupuncture; cortisone injections right wrist (9-11-14); medications. Diagnostics studies included EMG/NCV study upper extremities (4-23-12); MR Arthrogram right wrist (6-22-12); MRI right wrist (3-4-15). Currently, the PR-2 notes dated 6-18-15 indicated the injured worker complains of right wrist aggravated by all upper extremity activities. She has had electrodiagnostic studies on 4-23-12 which are reported as negative. She has a MR arthrogram of the right wrist on 6-22-12 revealing findings consistent with a triangular fibrocartilage defect. She has had physical therapy, cortisone injections and acupuncture. On physical examination the provider documents she sits in a slumped position and holds her right arm in internal rotation and adduction against her belly. She did have an evaluation for a Functional Restoration Program on 5-29-15 that indicated the injured worker would benefit from the program. The provider is requesting authorization of Functional Restoration Program QTY: 160.00 (hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program QTY: 160.00 (hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs 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: MTUS Guidelines have very specific criteria to justify the use of a particular chronic pain program. One of the standards includes evidence that a particular program has success with this patient population. There is no evidence provided from the requested program that it has reasonable levels of success with the workers' compensation population (i.e. RTW rate, diminished medication dependence rates-long term etc). Another Guideline standard is the recommendation for a midpoint evaluation of effectiveness for a particular individual. After about 2 weeks of attendance the Guidelines recommend objective evidence of improvement before completion of a full program (160 hrs). There are no unusual circumstances to justify an exception to Guidelines, the request for Functional Restoration Program QTY: 160.00 (hours) is not supported by Guidelines and is not medically necessary.