

Case Number:	CM15-0144012		
Date Assigned:	08/04/2015	Date of Injury:	06/11/2013
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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 60-year-old male, who sustained an industrial injury on 6-11-2013. He reported acute bilateral wrist pain with lifting activity and overextension. Diagnoses include cubital tunnel syndrome, depressive disorder, and Reflex Sympathetic Dystrophy (RSD) of the upper limb, status post left cubital tunnel release on 1-17-14. Treatments to date include medication therapy, physical therapy, and cortisone injections. Currently, he complained of recent flare of pain and weakness in the left upper extremity. On 5-4-15, the physical examination documented tenderness of the ulnar nerve and diffuse tenderness of the left elbow, decreased strength, and allodynia of the left side of the left upper extremity. The plan of care included sixty hours of a functional restoration program for ten day, two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2 weeks, 10 days, 60 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

Decision rationale: The claimant sustained a work injury in June 2013 and is being treated for chronic left upper extremity pain. He underwent a cubital tunnel release in January 2014. Treatments have included injections, therapy, and medications. He was seen for an orthopedic evaluation in March 2015. He had electrodiagnostic testing prior to surgery showing findings of cubital tunnel syndrome. After surgery, he had no improvement. Physical examination findings included an absence of muscle atrophy for the life swelling. There was full range of motion with normal sensation. There was discomfort and dysesthesias produced with Tinel's testing at the elbow. Additional testing was recommended and electrodiagnostic study in June 2015 mild to moderate left cubital tunnel syndrome. Being requested is participation in a functional restoration program for two weeks. The claimant has already undergone a multidisciplinary evaluation for participation in the program. In terms a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant has symptoms and electrodiagnostic testing consistent with cubital tunnel syndrome and surgery may be a potentially effective option in his treatment. A functional restoration program is not medically necessary at this time.