

Case Number:	CM15-0144508		
Date Assigned:	08/05/2015	Date of Injury:	04/07/2014
Decision Date:	09/24/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 40 year old male who sustained an industrial injury on 04/07/2014. He reported getting his left thumb stuck in a lathe which jerked him, injuring his left hand and thumb, and also his low back and left knee. The injured worker was diagnosed as having chronic left thumb and hand pain, lumbar degenerative disc disease, left knee internal derangement, regional myofascial pain, and chronic pain syndrome both sleep and mood disorder. Treatment to date has included two hand surgeries with a specialist, diagnostic radiology for his low back and left knee, oral medications, an orthopedic consult, hand occupational and physical therapy, and a functional restoration program. Currently, the injured worker is reported to be participating fully in the functional restoration program, and remains off work related to his industrial injury. The worker has had an increase in his activity, decrease in medication, depression, and anxiety. He has better posture and increased strength and improved stability and increased sitting tolerance. According to the report from the FRP, the worker expressed awareness of his depressed mood and tendency to engage in polarized thinking, and would likely benefit from cognitive therapy during the program. A request for authorization was submitted for: Additional 2 weeks of the Functional Restoration Program (4 weeks, 20 days, 120 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2 weeks of the Functional Restoration Program (4 weeks, 20 days, 120 hours):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-33.

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant had completed 2 weeks of FRP prior to the additional request. The claimant had obtained benefit from FRP. The claimant had undergone surgery for his thumb and therapy was requested for the knee. The additional FRP was not requested to avoid any further surgery. The request for 4 weeks is well beyond and extended trial of 10 days. The request is not medically necessary.