

Case Number:	CM15-0145086		
Date Assigned:	08/06/2015	Date of Injury:	08/27/2010
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 is a 48 year old male, who sustained an industrial injury on August 27, 2010. The injured worker was diagnosed as having carpal tunnel syndrome, lateral epicondylitis, myalgia and myositis. Treatment and electordiagnosics to date has included electromyogram, nerve conduction study, bilateral carpal tunnel release and medication. A progress note dated July 6, 2015 provides the injured worker complains of left elbow, and bilateral wrist and hand pain. He rates the pain 4 out of 10. He reports numbness, tingling and weakness. Physical exam notes tenderness to palpation of the left elbow and there is tenderness to palpation of the bilateral wrists with positive Phalen's and Tinel's sign. It is noted there was a functional restoration program evaluation last year. There is a request for evaluation for functional restoration program. According to a November 6, 2014 report, the injured worker is a "g [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation for Functional Restoration Program: 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 Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: According to the MTUS guidelines, criteria for the general use of multidisciplinary pain management programs are as follows: (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. According to a November 6, 2014 report, the injured worker is a "[REDACTED]". The medical records do not establish the medical necessity of re-initiating a functional restoration program for this injured worker. The request for Initial Evaluation for Functional Restoration Program is not medically necessary and appropriate.