

Case Number:	CM15-0185802		
Date Assigned:	09/28/2015	Date of Injury:	04/29/2011
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 4-29-11. She is diagnosed with carpal tunnel syndrome and chronic pain syndrome. A note dated 8-21-15 reveals the injured worker presented with complaints of left wrist pain described as burning and pins and needles and rated at 10 out of 10. The pain "radiates" to the bilateral wrists, bilateral hands, and bilateral ring and small fingers. She reports the pain is moderate to severe and she experiences loss of function and sensation, numbness and tingling in the affected areas as well as right hand weakness. The pain is alleviated by cold therapy, massage, rest and wearing her brace. She reports her pain is reduced from 10 out of 10 to 8 out of 10 for 5 hours with Norco. She reports sleep disturbance (3 hours of interrupted sleep). A note dated 7-23-15 reveals complaints of left wrist pain rated at 10 out of 10. She reported poor quality of sleep; however with medication she is able to fall asleep faster and sleep for at least 3-4 hours more. Physical examinations dated 7-23-15 and 8-21-15 revealed bilateral wrists range of motion is restricted and there is tenderness to palpation over the "radial and ulnar" side. There is tenderness to palpation over the "proximal interphalangeal", "distal interphalangeal" and "metacarpophalangeal" joints of all digits and "hypothenar eminence". There is motor neglect, mechanical allodynia, and hyperalgesia to a single pinprick in the bilateral upper extremities. The motor examination to the bilateral upper extremities is decreased and there is decreased sensation to light touch over the "lateral hand" on the right. Treatment to date has included medications, right wrist brace and home exercise program. Per a note dated 8-6-15 the injured worker experiences pain relief from acupuncture (10 out of 10 to 6 out of 10). The treatments

allow her to engage in her home exercise program, she has not needed to increase her oral medications and she experiences a reduction in muscle pain and stiffness. She experiences improved ability to lift, push, pull and drive as a result of treatment. A request for authorization dated 8-13-15 for an initial evaluation for a functional restoration program x1 is non-certified, per Utilization Review letter dated 8-28-15.

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 x 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The patient was injured on 04/29/11 and presents with left wrist pain. The request is for an Initial evaluation for Functional restoration program x 1 to identify reasonable functional goals to be achieved for this patient. The utilization review denial rationale is that "there is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain; that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits motivation to change." There is no RFA provided and the patient is not currently working. MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain. (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2-week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient's left wrist pain "radiates" to the bilateral wrists, bilateral hands, and bilateral ring and small fingers. In addition, she experiences loss of function and sensation, numbness and tingling in the affected areas as well as right hand weakness. The patient is diagnosed with carpal tunnel syndrome and chronic pain syndrome. Treatment to date has included medications, right wrist brace and home exercise program. MTUS does support FRP if the criteria are met. Given the patient's persistent, chronic symptoms, this request for assessment to determine the patient's candidacy for functional restoration program appears reasonable. Therefore, the request IS medically necessary.