

Case Number:	CM15-0192375		
Date Assigned:	10/06/2015	Date of Injury:	02/24/2011
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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 55-year-old female who sustained an industrial injury on 2-24-2011. Diagnoses have included dystrophy reflex sympathetic syndrome, carpal tunnel syndrome diagnosed through EMG on 1-24-2012, adhesive capsulitis, and disturbances of sleep. Documented treatment includes acupuncture, physical therapy with "no significant benefit," wrist injections, and medication including Norco, Morphine, Lidoderm patches, and Lyrica. The injured worker continues to present with "severe" right hand and wrist pain stated to be worse with movement; intermittent swelling; and, pain radiating into the wrist, forearm and up to the shoulder. She also reports pain in the right side of her neck rated 10 out of 10 without medication, and the physician noted limited range of motion of the right wrist being worse with flexion which was 25 percent of normal. She showed difficulty lifting her right arm above shoulder height, and right shoulder abduction was limited to 130 degrees. There was tenderness upon palpation of the right side of her neck and along trapezii. She was noted to not be a candidate for surgery. She reported that her pain affects her sleep, ability to do chores, travel, drive, engage in hobbies, and impacts her personal relationships, and she has been experiencing depression. The treating physician's plan of care includes participation in 160 hours of a functional restoration program, but this was denied on 9-2-2015. The injured worker has not returned to work since her injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 160 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 02/24/11 and presents with right hand pain. The request is for functional restoration program, 160 hours. There is no RFA provided and the patient is not working. There is no indication of any prior FRP the patient may have had. MTUS Guidelines, Functional Restoration Program Section, page 49 indicates that functional restoration programs 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 is diagnosed with dystrophy reflex sympathetic syndrome, carpal tunnel syndrome diagnosed through EMG on 1-24-2012, adhesive capsulitis, and disturbances of sleep. Treatment to date includes acupuncture, physical therapy with no significant benefit, CBT, wrist injections, and medications. The 07/23/15 [REDACTED] FRP evaluation states that the patient is motivated to improve her quality of life [and] negative predictors of success have been addressed. The 06/25/15 report states that the patient has exhausted conservative treatment options and is not a surgical candidate at this point in time. The patient continues to report having decline in function and activities of daily living. She reports that previously, she was able to work full duty and was able to work at a very efficient rate. The patient is not working at this time and does not know how she can return to work secondary to chronic pain. The report considered the patient to be a good candidate for the program. The treater requested 160 hours of participation in the [REDACTED] FRP. MTUS page 49 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 requested 160 hours exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.