

Case Number:	CM15-0192400		
Date Assigned:	10/06/2015	Date of Injury:	10/27/2008
Decision Date:	11/17/2015	UR Denial Date:	09/17/2015
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: Preventive Medicine, Occupational Medicine

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 36 year old male injured worker suffered an industrial injury on 10-27-2008. The diagnoses included chronic pain syndrome and pain in joint of hand. On 8-26-2015 the initial evaluation for the functional restoration program notes revealed in a conference meeting goals were established for baseline functional testing and reasonable goals of treatment. Prior treatment included oral medications, corticosteroid injections, physical therapy, acupuncture, lumbar brace and home exercise program. As a result of the chronic pain the injured worker developed anxiety, fear-avoidance, depression and sleep disorder that have limited function and recovery. The injured worker reported pain in the left hand rated 4 out of 10 that had stopped him from going to work, performing household chores, exercising and participation in recreational activities. The lifting capacity on the left arm was 5 pounds. As a result of chronic pain the injured worker had developed secondary physical deconditioning due to disuse and/or fear avoidance due to pain. The evaluators noted they consider that a functional restoration program will better address the injured worker's physical and psychological impairments. On 9-16-2015, the treating provider reported left hand pain rated 3 out of 10 that was sharp and moderate. He reported the Ibuprofen and Lidocaine 5% ointment was helping. On exam he reported muscle cramps of the left thigh and a normal gait. The lumbar spine had reduced range of motion limited by pain with tenderness along with tenderness of the L3, L4 spinous process. The left hand had tenderness to the proximal palm region with point tenderness. The Utilization Review on 9-17-2015 determined non-certification for Functional restoration program, quantity: 64 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, quantity: 64 hours: Upheld

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

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

Decision rationale: MTUS Guidelines have some specific criteria recommended to justify the utilization of a specific chronic pain (functional restoration) program. One of these key criteria is that only programs with proven success records should be utilized. In the medical records reviewed there is no information provided which supports the success record of this particular program with worker's compensation individuals (a key metric would be return to work percentage). Without this information, the Guidelines do not support utilization of such a program. At this point in time, the Functional restoration program, quantity: 64 hours is not supported by Guidelines and is not medically necessary.