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| Case Number: | CM15-0194792 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 06/12/2014 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male who sustained an industrial injury on 6-12-14. In a Functional Restoration Program integrative summary report dated 9-8-15 to 9-11-15, it is noted the injured worker is currently being treated in the [REDACTED] which was initiated on 8-24-15 and to date, of the authorized 16 days (80 hours), 14 days (70 hours) have been completed and the that initial request was for 32 days (160 hours). The record reflects the injured worker has complex regional pain syndrome of his left hand and is working on desensitization, flexibility, and ability to control pain using non-medical techniques. It is reported that he received training on deep breathing for stress reduction and pain management and was able to have a better understanding of pain and the strong emotions and symptoms of depression, anxiety and anger. From a functional perspective, it is reported he increased functional tolerances including left sided lifting-carrying, left sided crush grip strength and pushing-pulling. He reports sensitivity to pressure and impact at the affected regions of his left hand has decreased. It is noted goals were discussed with the aim of helping him return to independence with activities of daily living and potential return to work. It is reported that based on the demonstrated progress, continued treatment in the program is recommended for the full recommended time. The requested treatment of remaining 16 days (equating to 80 hours) of Functional Restoration Program was non-certified on 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG section on Chronic Pain.

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

Decision rationale: The claimant sustained a work injury in June 2014 when he slipped while climbing into his truck using a metal ladder with injury to his left hand and left knee. He is being treated for chronic pain including a diagnosis of CRPS of the left upper extremity. As of 09/15/15 he had completed an initial 16 days (80 hours) of treatment in a functional restoration program. He was participating in group therapy treatments. He had progressed well through an exercise routine. He had not been unable to increase his left sided grip strength tolerance but had improved his left side lifting, carrying, pushing, and pulling tolerances and met a goal of 20 pounds. He had a new goal of increasing his tolerances to 30 pounds and the progress report references work simulation preparation and potential return to work. In terms of Functional Restoration Programs, guidelines indicate that the total treatment duration should generally not exceed 20 full-day sessions (160 hours) and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the claimant has completed the initial number of recommended sessions. The new goal of material handling of 30 pounds would place him at a light PDL capacity and would not be consistent with return to work as a truck driver and there is no alternative return to work plans. The request is not medically necessary.