

Case Number:	CM15-0200979		
Date Assigned:	10/16/2015	Date of Injury:	06/09/2010
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old female, who sustained an industrial injury on 06-09-2010. She has reported injury to the right shoulder and right upper extremity. The diagnoses have included sprain triangular fibrocartilage; radial styloid tenosynovitis; carpal tunnel syndrome; status post bilateral carpal tunnel release; and chronic pain. Treatment to date has included medications, diagnostics, acupuncture, injections, physical therapy, and surgical intervention. Medications have included Hydrocodone-Acetaminophen, Naproxen, and Gabapentin. A report from the treating physician, dated 08-26-2015, documented an evaluation with the injured worker. The injured worker reported right-sided neck pain, right elbow pain, and right wrist pain; she reports moderate improvement in pain and strength following postoperative physical therapy; another provider suggested additional surgery for the elbow and middle finger; she has received multiple injections to the shoulder, elbow, wrist, and digits with short duration of relief; she reports many limitations in activities of daily living; depression; she has an interest in participating in functional restoration; and "if this is authorized, she will defer surgery in exchange for committing herself to rigorous physical rehabilitation and application of mindfulness strategies to manage her pain instead". Objective findings included positive Tinell sign on the right; and joint tenderness to palpation noted in the wrist joint of the right upper extremity. The treatment plan has included the request for functional restoration program. The original utilization review, dated 09-15-2015, non-certified the request for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

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: This 47 year old female has complained of right shoulder pain, right arm pain and wrist pain since date of injury 6/9/2010. She has been treated with surgery, physical therapy, acupuncture, injections and medications. The current request is for a functional restoration program. Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines. On the basis of this lack of documentation, a FRP is not indicated as medically necessary.