

Case Number:	CM15-0201160		
Date Assigned:	10/16/2015	Date of Injury:	09/10/2013
Decision Date:	11/25/2015	UR Denial Date:	10/09/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 09-10-2013. A review of the medical records indicates that the worker is undergoing treatment for right upper extremity complex regional pain syndrome, status post right extensor tendon release and right trigger finger release time three, left upper extremity overuse, bilateral upper extremity carpal tunnel syndrome, chronic pain syndrome with sleep and mood disorder and right upper extremity ulnar neuropathy. Subjective complaints (08-05-2015) included continued severe right upper extremity pain, fatigue, muscle aches, weakness, sleep disturbances and anxiety. Objective findings (08-05-2015) included pain to any palpation over the right upper extremity, worse over the right lateral epicondyle. The physician noted that the injured worker had exhausted outpatient availability for physical therapy and had not responded to injections there and that she had a multidisciplinary evaluation next week. An interdisciplinary conference evaluation was performed on 08-11-2015. The injured worker was noted to need significant assistance with activities of daily living, to have difficulties sustaining any upper extremity repetitive use, marked tremor with any activity, weakness of the upper extremities, decreased grip strength, anxiety and depression. The worker was deemed to be a good candidate for an interdisciplinary functional restoration program (FRP) with goal of achieving light work capacity by the conclusion of the program. In a 09-18-2015 FRP weekly integrative summary report, the worker reported weight loss, increased socialization with family and leaving the house more. The physician noted in the first week of FRP that the worker was participating in six hours of daily activity, improvement in activity tolerance, increased tolerance with frequency and intensity of

lifting, was engaging in and exercise program, had good body mechanics and demonstrated fair postural awareness. The physician noted that based on the multidisciplinary assessment of the worker's needs, a request for an additional 10 days of full time participation in FRP program was being made. Treatment has included Gabapentin, Tramadol, Voltaren gel, Ambien, Injections, physical therapy and a week of FRP. A utilization review dated 10-09-2015 modified a request for functional restoration program from functional restoration program (DAYS=60 hours total) weeks 5 & 6 QTY:10 to certification of functional restoration program (DAYS=60 hours total) weeks 5 & 6 QTY: 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (DAYS = 60 hours total) Weeks 5 & 6 QTY: 10:

Overtured

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

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

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Additional sessions up to 20 are within the guidelines if there are signs of functional improvement with the initial 10 sessions. The claimant has a history and desire to improve and return to work. The claimant has failed other conservative measures. The claimant responded and was making progress in FRP. The request for an additional 10 sessions (totaling 20) is medically necessary.