

Case Number:	CM15-0206254		
Date Assigned:	10/23/2015	Date of Injury:	01/15/2015
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This is a 27 year old female who sustained a work-related injury on 1-15-15. Medical record documentation on 9-15-15 revealed the injured worker was being treated for right wrist tendinitis-de Quervain's tenosynovitis, carpal tunnel syndrome and superficial radial neuritis and left wrist tendinitis secondary to overuse. The documentation revealed she had started functional restoration with some improvement (9-15-15, 8-3-15). She had no soft tissue swelling of the right wrist. She had tenderness to palpation over the flexor-extensor compartment, carpal canal and first dorsal compartment and mild tenderness to palpation over the radiocarpal joint, triangular fibrocartilage or distal radioulnar joint. She had a positive Phalen's median nerve compression and Finkelstein's sign. (9-15-15, 8-3-15). She had dorsiflexion to 50 degrees (9-15-15, 8-3-15), palmar flexion to 50 degrees (9-15-15), radial deviation to 20 degrees, ulnar deviation to 30 degrees (9-15-15, 8-3-15), pronation to 80 degrees (9-15-15, 8-3-15) and supination to 80 degrees (9-15-15, 8-3-15). Her treatment plan included functional restoration evaluation. On 9-28-15, the Utilization Review physician determined functional restoration program 2 times per week for six weeks for the right wrist was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2 times a week for 6 weeks for the right wrist: Upheld

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): Functional restoration programs (FRPs).

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. 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. The guidelines generally recommend a maximum of 20 full-day sessions. In this case, the injured worker is currently participating in a FRP and the treating physician states that the program is helpful. However, the injured worker remains symptomatic with no objective documentation of specific functional gains. Additionally, it is not clear how many sessions have been completed to date. The request for functional restoration program 2 times a week for 6 weeks for the right wrist is determined to not be medically necessary.