

Case Number:	CM15-0024597		
Date Assigned:	02/17/2015	Date of Injury:	01/07/2013
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 38-year-old female who reported an injury on 01/07/2013. The mechanism of injury involved repetitive activity. The injured worker is diagnosed with carpal tunnel syndrome, pain in a joint of the forearm, ulnar nerve lesion and skin sensation disturbance. It was noted that the injured worker had been previously treated with oral medications, physical therapy and a corticosteroid injection. On 09/11/2014, the injured worker presented for a multidisciplinary evaluation report. The current medication regimen includes Xanax 0.5 mg, Mentherm gel and gabapentin 600 mg. A mental status examination was performed during the evaluation. It was noted that the injured worker had a Beck Depression Inventory score of 21. The injured worker was diagnosed with pain disorder associated with a general medical condition and psychological factors, as well as generalized anxiety disorder. The injured worker was motivated to attend a functional restoration program and had the desire to make use of the interventions offered. Negative predictors of success had been addressed. Recommendations included an initial 64 hours in a chronic pain management program. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 96 hours of functional restoration program for bilateral hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. Patients should exhibit motivation to change and willingness to forego secondary gains. Negative predictors of success should be addressed. Total treatment duration should not generally exceed 20 full day sessions. According to the documentation provide, the injured worker had completed the initial authorized 64 sessions in the Functional Restoration Program. The injured worker would like to participate in the entire program; however, there is no documentation of objective functional improvement following the completion of the initial 64 sessions. An additional 96 hours would not be supported in this case. Therefore, the request is not medically appropriate at this time.