

Case Number:	CM15-0033955		
Date Assigned:	02/27/2015	Date of Injury:	10/26/2010
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 49 year old male, who sustained an industrial injury on October 26, 2010. He has reported he fell off of the back of a truck, landing on his left wrist and diagnosed with a fracture of the left wrist. The diagnoses have included chronic left wrist pain; status post left wrist arthrodesis with revision and hardware removal. Treatment to date has included surgical repair of fractured wrist, revision of surgery, physiatrist times about 4-5 visits, a third surgery, opioids. Currently, the injured worker complains of left wrist pain. In a progress note dated January 12, 2015, the treating provider reports examination of the left wrist reveals diffuse tenderness to palpation with guarding and limited range of motion. On January 29, 2015 Utilization Review non-certified a Functional Restoration Program, noting, Medical Treatment Utilization Schedule Guidelines American College of Occupational and Environmental Medicine was cited.

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 Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP
Page(s): 30-34, 49.

Decision rationale: Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is documentation indicating that other methods for treating the patient's pain have been unsuccessful including medication, surgeries, and physical therapies. The provider has documented that the patient has lost the ability to function independently, and there are no other treatment options available. However, a progress note on 1/15/2015 documented that the patient may have some negative predictors of success, including inappropriate use of opioid treatment. There is no indication that the provider has attempted to address these issues prior to starting a functional restoration program. Furthermore, the provider does not clearly state if the patient is motivated to change and is willing to forgo secondary gains. Therefore, the current request is not medically necessary.