

Case Number:	CM15-0034179		
Date Assigned:	02/27/2015	Date of Injury:	03/14/2014
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
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

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 43 year old female, who sustained an industrial injury on 3/14/14. She has reported pain in the right elbow, right forearm and right foot. The diagnoses have included complex regional pain syndrome, myofascial restrictions to the right shoulder and depression. Treatment to date has included physical therapy, TENS unit, massage, EMG/NCV studies and oral medications. As of the PR2 dated 1/15/15, the treating physician reports full range of motion with the right hand but, is guarded in having items touch the hand. He noted discoloration and rub or of the right hand and swelling in the forearm. The treating physician requested a full day interdisciplinary functional restoration program candidacy evaluation (■■■■ evaluation). On 2/11/15 Utilization Review non-certified a request for a full day interdisciplinary functional restoration program candidacy evaluation (■■■■ evaluation). The utilization review physician cited the ACOEM guidelines. On 2/19/15, the injured worker submitted an application for IMR for review of a full day interdisciplinary functional restoration program candidacy evaluation (■■■■ evaluation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Full day interdisciplinary Functional Restoration Program candidacy evaluation:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management program FRP Page(s): 30-32, 49.

Decision rationale: The patient presents with pain and weakness in her right upper extremity. The request is for FULL DAY INTERDISCIPLINARY FUNCTIONAL RESTORATION PROGRAM CANDIDACY EVALUATION. The patient has had medications, braces/casts, physical therapy, traction, TENS unit and massage. The patient is currently not taking any medication. X-rays demonstrate no fracture. EMG/NCV of the right upper extremity from 10/21/14 shows normal. The patient has not returned to work since the date of injury. Regarding criteria for multidisciplinary pain management program, MTUS guidelines page 31 and 32 states "may be considered medically necessary when all criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain have been unsuccessful. 3. Significant loss of ability to function independently resulting from the chronic pain. 4. Not a candidate for surgery or other treatments would clearly be. 5. The patient exhibits motivation to change. 6. Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." MTUS Guidelines page 32 further states that a 2-week functional restoration program is recommended if all the criteria are met. In this case, the patient has had persistent chronic pain for nearly a year and the requested evaluation to determine the patient's candidacy for functional restoration program appears reasonable. The patient has failed conservative care and MTUS does support FRP if the criteria are met. The request for an evaluation to consider FRP IS medically necessary.