MAXIMUS Federal Services

Case Number:	CM15-0042788		
Date Assigned:	03/12/2015	Date of Injury:	02/11/2013
Decision Date:	04/15/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/06/2015

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: Texas, Illinois
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:

The injured worker is a 56 year old male who sustained an industrial injury on 02/11/2013. Initial complaints reported included traumatic amputation of right 5th digit. The injured worker was diagnosed as having crush injury to the right hand. Treatment has included conservative care, medications, right hand surgeries (2/2013 and 8/2014), back surgery (4/2014), chiropractic therapy, MRIs, radiographic imaging, electrodiagnostic testing of the bilateral upper extremities, physical therapy, and injection. Currently, the injured worker complains of continued low back and right hand pain. Current diagnoses include lumbar radiculopathy, lumbar strain/sprain, right hand strain, right hand crush injury, and bilateral hand neuropathy. The treatment plan consisted of a functional restoration program evaluation at [redacted], continued medications, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP) evaluation at [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The injured worker sustained a work related injury on 02/11/2013. The medical records provided indicate the diagnosis of diagnosed as having crush injury to the right hand. Treatment has included conservative care, medications, right hand surgeries (2/2013 and 8/2014), back surgery (4/2014), chiropractic therapy, physical therapy, and injection The medical records provided for review do not indicate a medical necessity for Functional restoration program (FRP) evaluation at [redacted]. The MTUS guidelines for Functional restoration program (FRP) recommends that all the criteria be met. These include: 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 insignificant 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. Integrative summary reports that include: The records reviewed indicate the injured worker met several components of the criteria, but the records do not address negative predictors of success, like; 1. Relationship with the employer/supervisor; (2) work adjustment and satisfaction future employment.