MAXIMUS Federal Services

Case Number:	CM15-0052092		
Date Assigned:	03/25/2015	Date of Injury:	03/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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, New York, 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:

The applicant is a represented 30-year-old who has filed a claim for chronic wrist, hand, and upper extremity pain reportedly associated with an industrial injury of March 17, 2013. In a Utilization Review report dated February 18, 2015, the claims administrator failed to approve requests for a functional restoration program. The claims administrator referenced an RFA form received on February 11, 2015 in its determination. The claims administrator noted that the applicant had undergone a first dorsal compartment tenosynovectomy. The claims administrator contended that the applicant had not undergone a precursor evaluation. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of wrist and hand pain. The applicant had issues with carpal tunnel syndrome and de Quervain's tenosynovitis, it was noted. A functional restoration program was proposed. The applicant was given an extremely proscriptive 5-pound lifting limitation, seemingly resulting in the applicant's removal from the workplace. In an earlier note dated December 18, 2014, the attending provider reiterated his request for the functional restoration program. A ketoprofen-containing topical compound was endorsed. An extremely proscriptive 5-pound lifting limitation was renewed. Once again, it did not appear that the applicant was working with said limitation in place. In a November 12, 2014 progress note, the attending provider stated that the applicant was pending a surgical consultation for her residual issues with de Quervain's tenosynovitis. On October 9, 2014, the attending provider alluded to the applicant's having had earlier electro diagnostic testing of October 7, 2014 demonstrating bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 30-32.

Decision rationale: No, the request for a functional restoration program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission into a functional restoration program can be considered in applicants who are willing to make the effort to try and improve, in this case, however, there was no clear or compelling evidence presenting to the effect that the applicant was willing to make the effort to try and improve. Rather, all evidence on file pointed to the applicant's seeming intent to maximize disability and/or indemnity benefits. A rather proscriptive 5-pound lifting limitation was renewed, unchanged, from visit to visit, seemingly resulting in the applicant's removal from the workplace. Page 30 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that chronic pain programs are recommended only where there is access to programs with proven successful outcomes. Here, there was no evidence that the program in question had a history of proven successful outcomes. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another criterion for pursuit of functional restoration program is evidence that an applicant is not a candidate for surgery or other treatments, which would clearly be warranted to improve pain and/or function. Here, the applicant apparently has residual issues of electro diagnostically confirmed carpal tunnel syndrome. The applicant's carpal tunnel syndrome, thus, is an issue, which is theoretically amenable to surgical correction. For all of the stated reasons, then, the proposed functional restoration program evaluation was not medically necessary.