

Case Number:	CM15-0056013		
Date Assigned:	04/01/2015	Date of Injury:	06/03/2008
Decision Date:	05/04/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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 34 year old female, who sustained an industrial injury on 06/03/2008. She reported a cumulative right elbow and right wrist pain. The injured worker is currently diagnosed as having lateral epicondylitis, right elbow pain, and chronic pain syndrome. Treatment to date has included physical therapy, right elbow MRI, electromyography of the upper extremities, massage therapy, and medications. In a progress note dated 03/16/2015, the injured worker presented with complaints of chronic pain. The treating physician reported requesting authorization for initial evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for functional restoration program (FRP): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 31, 32.

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

Decision rationale: The patient presents with pain and weakness in her right upper extremity. The request is for INITIAL EVALUATION FUNCTIONAL RESTORATION PROGRAM (FRP). Per 03/16/15 progress report, the patient has had acupuncture, physical therapy, massage therapy and medication without improvement. The patient saw a psychologist on 08/22/14 regarding major depression and anxiety. The patient received cognitive behavior therapy with good benefit in terms of her psychological symptoms. The patient is not interested in interventional procedures including injections or surgery. The patient is currently utilizing Methoderm gel. The patient works with modified duty. EMG of the upper extremity on 04/07/14 reveals carpal tunnel syndrome, ulnar neuropathy, brachial plexopathy and cervical radiculopathy. MRI of the right elbow on 12/22/10 shows no evidence of epicondylitis. 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 nine years 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.