

Case Number:	CM15-0086463		
Date Assigned:	05/08/2015	Date of Injury:	01/23/2014
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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: Pennsylvania, Ohio, 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 37-year-old female; with a reported date of injury of 01/23/2014, The diagnoses include right hand pain, right hand arthropathy, chronic pain syndrome, and reflex sympathetic dystrophy of upper limb. Treatments to date have included oral medication, topical pain medication, acupuncture times 8 sessions, occupational therapy, and electrodiagnostic studies of the upper extremities on 10/24/2014. The follow-up visit report dated 03/17/2015 indicates that the injured worker complained of right elbow pain. She rated her pain 5 out of 10. The pain radiated to the left arm and was associated with numbness, tingling, and weakness. It was noted that her pain level had decreased since the last visit. The physical examination showed painful range of motion of both elbows, positive Phalen's sign and Tinel's sign of the right wrist, painful range of motion of the right wrist, tenderness to palpation over the proximal interphalangeal joint of the right index finger, middle finger, and ring finger, tenderness to palpation over the distal interphalangeal joint of the right index finger, middle finger, and ring finger, abnormal swelling of the right upper extremity, limited range of motion of the right upper extremity, and decreased light touch sensation over the right medial forearm and lateral forearm. The injured worker was prescribed modified duty. The request for authorization dated 04/08/2015 indicates that as a result of her chronic pain, the injured worker had developed psychosocial sequelae that had limited her function and recovery after the initial incident, including anxiety, fear-avoidance, depression, and sleep disorders. The injured worker was not interested in interventional procedures. Her current pain rating was 7 out of 10. There were no changes in the objective findings. The treating physician requested a functional restoration initial evaluation. It was noted that only through an initial evaluation the treating provider would be able to identify reasonable functional goals to be achieved for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration initial evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: MTUS discusses detailed criteria for enrollment in a functional restoration program, including an initial FRP evaluation if a patient is thought to potentially meet these criteria. These criteria include a lack of additional treatment options with potential for benefit. An initial physician review concluded that all treatment options had not been exhausted and that mental health treatment in particular had not been attempted. The records however document a detailed psychological evaluation of January 2015 and subsequent treatment until physician review denied further mental health treatment. The records document extensive other pharmacological and conservative treatment as well as an explanation that the patient chose not to proceed with additional more invasive treatment options. In this setting, the guidelines for a FRP initial evaluation have been met. The request is medically necessary.