

Case Number:	CM14-0113767		
Date Assigned:	08/01/2014	Date of Injury:	05/19/2013
Decision Date:	09/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 26-year-old female who reported an injury due to having been assaulted on 05/19/2013. On 06/18/2014, her diagnoses included pain in the forearm joint and status post scapholunate ligament reconstruction. On unknown dates, she had been referred to an occupational medicine clinic for treatment and underwent approximately 20 hand therapy sessions without significant benefit. She underwent a right wrist arthroscopy on 11/27/2013. Afterwards, she underwent 12 postoperative physical therapy sessions. On 07/11/2014, she continued to have ongoing pain in the right wrist with some improvement noted in her range of motion. It was reported that she had been sleeping poorly secondary to pain and had worsening depressive symptoms. She was prescribed Celexa of an unknown dose as well as Amitriptyline 50 mg. Her DSM-V diagnoses included pain disorder associated with a general medical condition and psychological factors, depressive disorder, anxiety disorder, and psychosocial stressors including loss of job, loss of hobbies, and increased social isolation. In outlining the rationale for the requested functional restoration program, it was noted that she had failed conservative treatment including hand therapy and medication management. It was felt that participation in a functional restoration program would help her better cope with her chronic pain although return to work in her prior capacity may be limited due to her ongoing limitations and her right wrist range of motion restrictions. A Request for Authorization dated 07/14/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 160 hours QTY 1.00: 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) (FRPs) Page(s): 30-33.

Decision rationale: The request for functional restoration program x160 hours, quantity 1.00 is not medically necessary. The California MTUS Guidelines do recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders and emphasis the importance of function over the elimination of pain. Long term evidence suggests that the benefit of these programs diminishes over time. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The following criteria must be met in order for a FRP to be considered medically necessary. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement and the patient has a significant loss of ability to function independently resulting from the chronic pain. Although it was noted that this worker failed physical therapy and medication treatment for her pain, there was no documentation of failed trials of chiropractic treatment or acupuncture. The documentation submitted addresses her pain, not her loss of functional independence. The need for a functional restoration program has not been clearly demonstrated in the submitted documentation. Therefore, this request for functional restoration program x160 hours, quantity 1.00 is not medically necessary.