MAXIMUS Federal Services

Case Number:	CM14-0115589		
Date Assigned:	08/04/2014	Date of Injury:	09/27/2010
Decision Date:	09/26/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 65-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of September 27, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of mild to moderate pain in the medial aspect of the right forearm. No recent physical examination concerning the wrists and hands was provided on the recent progress notes. Treatment to date has included surgery, medications, acupuncture and physical therapy. The patient also enrolled in NCFRP's physical therapy program. In her six weeks of participation, the patient had made significant improvements. She had been better able to reduce and cope with her pain symptoms utilizing cognitive behavioral therapy techniques. The patient achieved improved cervical spine, bilateral upper extremity and right lower extremity ROM. She also showed improvement in bilateral upper extremity strength measurements as well as in bilateral gluteus medius and plantar flexion. In terms of her functional abilities, she was able to perform lifting at 11.5 lbs. at both floor to waist and waist to shoulder without pain or difficulty compared to 9 lbs. both waist to shoulder and floor to waist at initial evaluation. Oral pain medication use had also been reduced. The psychologist taking care of the patient in this program concluded that the patient had already transitioned to permanent and stationary status. Utilization review from July 11, 2014 denied the request for [redacted] Functional Restoration Program X6 because the patient had already completed 160 cumulative hours of functional restoration program and the additional treatment would be in excess of the guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **Functional Restoration Program X6:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restorational programs Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Functional Restoration Programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Functional Restoration Program.

Decision rationale: According to pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration of a functional restoration program should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. As per ODG, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient had already 6 weeks (160 hours) of participation to a functional restoration program. This is already equivalent to the 20-full day limit generally recommended by the guidelines. Upon completion of the program, the patient was transitioned to permanent and stationary status. There is no clear rationale provided for the extension of the program. There is no discussion concerning need for variance from the guidelines. Therefore, the request for [redacted] Functional Restoration Program X6 is not medically necessary.