

Case Number:	CM14-0145257		
Date Assigned:	09/12/2014	Date of Injury:	06/20/2009
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 48 year old male who reported an injury on 06/20/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included hand pain, over use syndrome of the bilateral hands, anxiety, and depression. The previous treatments included medication, physical therapy, and surgery. Within the clinical note dated August 11, 2014 it was reported the injured worker complained of chronic hand pain. He rated his pain 8-9/10 in severity. He complained of popping, snapping of the tendons when making a fist. Upon the physical exam the provider noted the injured worker had full active range of motion of both hands, including all of the joints of the fingers bilaterally. There was tenderness to palpation of the carpal/metacarpal joints of the thumbs of both hands. The provider requested a Functional Restoration Program as the injured worker is very inactive and deconditioned. However the request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 20 days plus 6 monthly follow ups: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary programs Page(s): 31. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Chronic pain programs (functional restoration programs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, FRP, Chronic Pain Program, Functional Restoration Program, Page(s): page 30 - 32..

Decision rationale: The California MTUS Guidelines indicate that a functional restoration program is recommended for patients with conditions that put them at risk for delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made, including baseline functional testing, so follow-up with the same tests can note functional improvement; documentation of previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement; documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain; documentation that the patient is not a candidate for surgery or other treatment would clearly be warranted; documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to affect this change; and negative predictors of success have been addressed. Additionally, the guidelines indicate the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy, as documented by subjective and objective gains. There is a lack of documentation indicating the injured worker had a significant loss of the ability to function independently resulting from chronic pain. The number of sessions the provider requested exceeds the guidelines' recommendations. Therefore, the request for a functional restoration program for 20 days, plus 6-month follow-up is not medically necessary.