

Case Number:	CM14-0147865		
Date Assigned:	09/15/2014	Date of Injury:	12/01/2000
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 and Rehabilitation, has a subspecialty in Pain 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 records presented for review indicate that this 38 year old gentleman was reportedly injured on December 1, 2000. The mechanism of injury is noted as a progressive injury due to repetitive use. The most recent progress note, dated August 7, 2014, indicates that there were ongoing complaints of bilateral wrist and arm pain. The injured employee has participated in one week of functional restoration with significant interest and modest improvement, however, requested to discontinue his participation due to concurrent studies in automotive repair. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a carpal tunnel release and dorsal ganglion cyst excision a request has been made for 50 hours of treatment and a functional restoration program and was not certified in the pre-authorization process on August 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

50 hours of treatment in the functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Chronic Pain Programs Page(s): 30.

Decision rationale: According to the progress note, dated August 7, 2014, the injured employee has participated in one week of a functional restoration program with modest improvement and discontinued his enrollment due to concurrent schooling in automotive repair. It is unclear how the injured employee is able to participate in automotive repair yet still is stated to require the assistance of a functional restoration program. Considering this, this request for 50 hours of treatment any functional restoration program is not medically necessary.