

Case Number:	CM14-0162631		
Date Assigned:	10/07/2014	Date of Injury:	08/30/2012
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 and 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:

This is a 56-year-old patient sustained an industrial injury on 08/30/2012. Mechanism of injury was not provided. Diagnoses include lateral epicondylitis, myofascial pain syndrome, status post right carpal tunnel release surgery in September 1995 and 2000, left carpal tunnel syndrome diagnosed 2001, repetitive strain injury, right wrist sprain/strain injury, and right wrist pain. Prior treatment documented included tai chi, yoga, meditation, mindfulness exercises, medications and surgery. A request for FRP x2 weeks treatment was non-certified in utilization review on 09/15/14 with the reviewing physician noting that there was no clear detail provided as to how many hours of a functional restoration program have been completed and what specific functional goals are to be achieved with the additional sessions of requested treatment in the program. There is one progress note included for review dated 08/04/14 which states that the patient has completed the first week of the functional restoration program and is going for a second week. She reports beneficial effect for her chronic pain condition and is able to do more self-care activities. There is improvement in physical activities and she is learning to better cope. Objective findings revealed the patient still has positive Tinel's and Phalen's test in the wrist and hand suggestive of focal neuropathy. There is local tenderness and swelling in the wrist. Lumbar range of motion was decreased and there was local tenderness at the right upper extremity region. There was also tenderness to palpation in the right elbow region lateral aspect. Motor strength was 5/5 in both upper extremities. It was noted her narcotic medication has been reduced from 2 tablets per day count 21 tablet per day. It was recommended she continue in the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 2 Weeks (10 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs), Page(s): pg. 30-34.

Decision rationale: The CA MTUS guidelines state "Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)." In this case, records indicate the patient has completed 1 week of the program and is starting a second week of the program. However, there is no documentation regarding whether this is a full day program or partial day program and no documented quantity of hours previously completed. There are no progress notes from the functional restoration program included for review documenting clear objective functional gains made from treatment. Goal progression is not documented. Therefore, the requested functional restoration program for 2 weeks (10 days) is not medically necessary and appropriate.