

Case Number:	CM14-0175948		
Date Assigned:	10/29/2014	Date of Injury:	12/13/2012
Decision Date:	12/05/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical medicine and rehabilitation, has a subspecialty in Interventional spine 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 34-year-old female with date of injury of 12/13/2012. The listed diagnosis per [REDACTED] from 09/10/2014 is chronic left wrist pain. According to this report the patient complains of left wrist pain. The patient rates her pain 8 to 10/10. Her current list of medications includes Oxycodone, Norco, Naproxen, amitriptyline. The examination shows the patient continues to have very hypersensitive area in the inner aspect of her wrist proximal to the crease. She has limited range of motion at the wrist in flexion and extension. Her grip strength is reduced. The patient's reflexes are normal. The documents include an MRI of the left wrist from 02/04/2013, physical therapy reports from 12/12/2013 to 09/10/2014, and progress reports from 01/09/2013 to 09/10/2014. The utilization review denied the request on 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (in hours) QTY: 80.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

Decision rationale: The patient presents with a left wrist pain. The treater is requesting a functional restoration program quantity 80 hours. The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain had been unsuccessful. 3. Significant loss of the ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be warranted. 5. The patient exhibits motivation change. 6. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc. The records submitted show that the patient has not participated in a functional restoration program in the past. The 09/10/2014 report notes that the patient has tried previous methods for treating chronic pain with no success. She has received conservative treatments including pain medications, braces/casts, physical therapy, a home exercise program, chiropractic therapy, and injection therapy. The patient continues with pain despite appropriate use of various therapies. She has significant loss of ability to function independently resulting from chronic pain. The patient requires help with household duties and shopping. She also describes some loss of social activity. It was also established through interview and review of the medical records that the patient is not a candidate for surgical treatment. The patient is motivated to change and is willing to forgo secondary gains including potential future disability payments to effect this change. The treater has completed [REDACTED] [REDACTED] to assess the patient's candidacy into the interdisciplinary functional restoration program. Given that the treater has discussed the criteria required by MTUS for admission to a functional restoration program and the requested 80 hrs are within guidelines, the request is medically necessary.