

Case Number:	CM14-0182594		
Date Assigned:	11/07/2014	Date of Injury:	05/17/2012
Decision Date:	12/16/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Management, 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 50 year old with an injury date on 7/19/12. Patient complains of pain in left upper extremity per 9/29/14 report. Patient has developed a fear of exacerbating her painful conditions, resulting in decreased strength and range of motion in these areas per 9/29/14 report. Based on the 9/29/14 progress report provided by [REDACTED] the diagnoses are: 1. left cervicobrachial syndrome 2. Left dorsal wrist ganglion s/p left dorsal ganglion wrist excision with left posterior interosseous neurectomy, 9/10/12 3. Mild left carpal tunnel syndrome 4. Myofascial pain in the left side of the neck and upper back 5. Chronic pain syndrome 6. Right wrist tendinitis Exam on 9/29/14 showed "left upper extremity range of motion: flexion at 165 degrees, and abduction at 165 degrees." Patient's treatment history includes postoperative OT, work modifications, medications, spinal cord stimulator, just an injection in left dorsal wrist. [REDACTED] is requesting functional restoration program. The utilization review determination being challenged is dated 10/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/29/14 to 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

Decision rationale: This patient presents with left upper extremity pain. The treater has asked for FUNCTIONAL Restoration Program on 9/29/14 "additional 106 hours or 20 days of NCFRP." The patient developed a foundation in broad-based exercise program with cardiovascular, flexibility, core strengthening, and resistance training after one week of functional restoration program (initially authorized for 10 days or 54 hours) per 9/29/14 report. During the second week, the functional restoration program will encourage patient to increase tolerance for cardiovascular training, increase strength of bilateral gluteus medius muscles, and encourage deep neck flexors as well as her lumbar core musculature per 9/29/14 report. For an extension of a functional restoration program beyond 20 sessions, MTUS states: "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." In this case, the patient has progressed well in one week of FRP, with significant functional gains. The patient has a left upper extremity grip of 45 pounds, and flexion strength at 4-/5 with pain, and abduction 4-/5 with pain. Patient also has "overall improvement for in his functional abilities" per 9/29/14 report. There is no documentation of an individualized care plan with outcomes, or a risk factor for a loss of function. It would appear the program has already reached adequate goals. The patient has been authorized for 10 days of which 5 days were completed by now. The current request for 20 more days exceed what is ordinarily recommended by MTUS. Additional 10 days may be appropriate but not 20. Recommendation is for denial.