

Case Number:	CM14-0186178		
Date Assigned:	11/14/2014	Date of Injury:	02/28/2008
Decision Date:	12/16/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 patient sustained an injury on 2/28/08 while employed by [REDACTED]. Request(s) under consideration include Functional Restoration Program. Diagnoses include right hand crush injury, CRPS (complex regional pain syndrome) of right hand, and right wrist De Quervain's tenosynovitis status post release. Report of 10/1/14 from the provider noted the patient with chronic ongoing right hand pain. Exam showed right hand with painful range of motion and tenderness on palpation; right hand with decreased motor strength compared to left. Treatment plan was for FRP (functional restoration program) to teach biopsychosocial approach to better help, adjust, adapt, and manage the chronic pain condition. The request(s) for Functional Restoration Program was non-certified on 10/10/14 citing guidelines criteria and lack of medical necessity.

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 Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: Guideline criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline, not seen here. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any demonstrated aspiration to return to work for this chronic 2008 injury with delayed recovery beyond recommended time frame for successful outcome. The patient has remained clinically unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered. There are also no psychological issues demonstrated or evaluation documenting medical necessity for a functional restoration program. The Functional Restoration Program is not medically necessary and appropriate.