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| Case Number: | CM14-0192118 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 04/26/2012 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Internal Medicine and is licensed to practice in New York. 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 male with a date of injury of 04/26/2012. He has not returned to work since the injury. On 08/13/2012 he had right hand surgery (capsulectomy with tendon lengthening, neurolysis of two nerves and also neuroplasty of the brachial cutaneous nerve, tenolysis of flexors with two muscle flaps to cover the defect). On 08/28/2013 he completed 12 hand therapy visits. Right grip strength was 9 and left was 55. On 11/08/2013 he was placed on a 10 pound right extremity lifting restriction. On 12/20/2013 it was noted that he did not respond well to a steroid injection and he was restricted from lifting more than 10 pounds with his right upper extremity. On 01/31/2014 he had restrictions of limiting his right hand lifting to 30 pounds. On 03/14/2014 Tinel's sign was not present. He had no epicondyle tenderness. Grip strength was 50 pounds. There was no muscle wasting. He has completed 160 hours of a functional restoration program as of 10/19/2014 and was ready to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remote Care, 4 Months (Remote FRP Program): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional Restoration Program Page(s): 32, 49.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, page 49, Functional restoration programs (FRPs): Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by [REDACTED]. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. MTUS Chronic Pain page 32 notes that the program should not exceed 20 days of treatment - 160 hours. The patient has already reached the maximum number of hours/days with the completion of 160 hours of the recently completed functional restoration program and the start of another program is not consistent with MTUS guidelines. Therefore, the request is not medically necessary.