

Case Number:	CM14-0211018		
Date Assigned:	12/23/2014	Date of Injury:	08/05/2013
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 57 year old male with an injury date of 08/05/13. Based on the 08/11/14 progress report, the patient complains of right forearm pain and has tenderness to palpation over the lateral compartment as well as over the first and second dorsal compartment. There is patchy-decreased sensation in both forearms and his right wrist has a positive Finkelstein's sign. The 09/22/14 and 11/03/14 reports did not provide any additional positive exam findings. The patient's diagnoses include the following:1) contusion and straining injury of the right forearm2) chronic right extensor tendonitis of the forearm3) chronic right first and second compartment tenosynovitis4) contusion and straining injury of the left forearm5) chronic extensor tendonitis of the left forearm6) laceration in the left forearmThe utilization review determination being challenged is dated 11/22/14. Treatment reports are provided from 06/02/14- 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of functional restoration program over 6 weeks bilateral forearms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional restoration programs Page(s): 49.

Decision rationale: The patient presents with right forearm pain. The request is for 12 functional restoration program over 6 weeks bilateral forearms. The utilization review letter indicates that the patient "has attended 12 functional restoration visits to date." MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient has tenderness to palpation over the lateral compartment and over the first and second dorsal compartment, patchy-decreased sensation in both forearms, and a positive Finkelstein's sign on the right wrist. In this case, the treater asks for functional restoration program, but does not indicate why it is needed at this point and what can be accomplished with additional FRP. There is no documentation how the patient has benefited from the previous FRP nor does the treater discuss what more is to be accomplished with additional FRP. Furthermore, the treater is requesting for 6 weeks of the FRP which exceeds the 160 hours MTUS Guidelines allowed after the 2 week trial. The requested functional restoration program is not medically necessary.