

Case Number:	CM14-0216362		
Date Assigned:	01/06/2015	Date of Injury:	01/31/2013
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 55 year old male who sustained a work related injury as a truck driver when a chain gave out on a door and the injured worker reached with his right hand to prevent the door from hitting his head on January 31, 2013. The injured worker underwent a right carpal tunnel release on March 13, 2014 followed by completion of 12 sessions of physical therapy. The injured worker is diagnosed with hand sprain/strain, right carpal tunnel syndrome status post release. The patient continues to experience persistent right wrist and hand pain with numbness and tingling in the first through third fingers. According to the treating physician's progress report on November 18, 2014 tenderness was noted over the volar aspect of the median nerve channel with limited range of motion. The injured worker had discontinued use of hydrocodone and was prescribed gabapentin and Tramadol ER and continues with physical therapy sessions according to this report. The injured worker was able to return to work with modified restrictions if available otherwise is on temporary total disability (TTD). The physician requested authorization for a Functional Restoration Program twice a week for six weeks and range of motion and muscle testing for the right hand. On December 2, 2014 the Utilization Review denied certification for the Functional Restoration Program twice a week for six weeks and range of motion and muscle testing for the right hand. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter and Neck and Upper Back Chapters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion and muscle testing for the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and hand chapter- computerized muscle testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist and Hand, Computerized muscle testing

Decision rationale: Pursuant to the Official Disability Guidelines, range of motion and muscle testing right-hand (computerized testing) is not medically necessary. Computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the event of comparison to the other side and there is no useful application of such a potentially sensitive computerized test. This would be an unneeded test. In this case, the injured worker's working diagnoses her right hand sprain/strain; right-hand carpal tunnel syndrome; and status post right carpal tunnel release. The injured worker has returned to work with modified duties. Physical examination of the right wrist showed tenderness over the volar aspect of the median nerve channel. There were no physical findings referencing range of motion right wrist. Computerized strength testing is not recommended. Range of motion may be tested in a physical examination setting. There is no clinical indication for muscle testing (computerized). Consequently, absent clinical documentation to support range of motion and muscle testing to the right hand, range of motion and muscle testing right hand is not medically necessary.

Functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation Pain Section, Functional Restoration Program, Chronic pain programs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, a functional restoration program is not medically necessary. Functional restoration programs (FRP) are recommended when there is access to programs with proven successful outcomes. The guidelines enumerate the criteria for general use of multidisciplinary pain management programs. The criteria include, but are not limited to, evidence of continued use of prescription pain medications without evidence of improvement in pain or function; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; an adequate and thorough multidisciplinary evaluation has been made; once the evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems and outcomes;

documentation of the injured worker's motivation to change, willing to change medication regimen; documentation of patient is aware that successful treatment may result in a change in compensation and/or other secondary gains; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses her right hand sprain/strain; right-hand carpal tunnel syndrome; and status post right carpal tunnel release. The documentation did not contain an adequate and thorough baseline evaluation. The documentation indicates the injured worker was still receiving physical therapy with new medications prescribed. These medications were Gabapentin and Tramadol. There was no documentation of a motivation to change and or a willingness to change the medication regimen. Additionally, there was no documentation of the injured workers awareness that successful treatment may result in a change in compensation and/or other secondary gains. Documentation indicates there is room for improvement in pain and function based on continued physical therapy and new medications Gabapentin 300 mg and Tramadol ER 150 mg. Consequently, absent the complete criteria for a functional restoration program, a functional restoration program is not medically necessary.