

Case Number:	CM14-0217629		
Date Assigned:	01/07/2015	Date of Injury:	04/07/2011
Decision Date:	05/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53 year old male patient who sustained an industrial injury on 04/07/2011. A primary treating office visit dated 08/14/2014 reported the patient diagnosed with bilateral carpal tunnel, and bilateral myelopathy. The patient is status post carpal tunnel release. The plan of care involved obtaining a nerve conduction study results for review. An initial industrial orthopedic consultation dated 08/14/2014 reported the patient being seen for bilateral hand complaints. Diagnostic testing to include: magnetic resonance imaging, nerve conduction study, consultation. The patient has current complaint of moderate to severe throbbing, aching, shooting pain into bilateral hands, wrists and forearms. The pain even radiates into his shoulders. He is diagnosed with bilateral cubital tunnel syndrome, bilateral elbow, forearm and wrist tendinitis; bilateral elbow medial epicondylitis; status post bilateral carpal tunnel release, and right shoulder pain. The patient is in need of further medical treatment and is not yet permanent and stationary. The plan of care involved: obtaining all medical records pertaining to the case to include recent electrodiagnsotic nerve conduction study results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) times 10 days/50 Hours: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs/functional restoration programs Page(s): 32.

Decision rationale: MTUS provides very detailed guidelines for enrollment in a functional restoration program. These guidelines include an interdisciplinary assessment including baseline functional testing, evaluation of previous methods to treat chronic pain, determination of whether other treatment options remain, and addressing negative predictors of success. An initial physician review of 12/5/14 concluded that such multidisciplinary FRP evaluation had not been done; however, a very detailed FRP evaluation was documented on 11/20/14, along with very specific goals for the proposed FRP program. The criteria for 10 initial FRP treatment days have been met; this request is medically necessary.