

Case Number:	CM15-0013422		
Date Assigned:	02/02/2015	Date of Injury:	02/10/2012
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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 & 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:

This 57 year old female sustained an industrial injury on 2/10/12, with subsequent ongoing left upper extremity pain and depression. In a progress note dated 12/31/14, the injured worker had completed the functional restoration program. The injured worker was not driving because she felt she could not do so safely due to hand and arm pain. The injured worker reported depression and headaches. The injured worker reported that the functional restoration program was effective and improved her coping, made her stronger and allowed her to exercise but that the program did not help her pain and felt her condition was worsening. Current diagnoses included reflex sympathetic dystrophy upper extremity. Current medications included Gabapentin, Hydrocodone (5/325), Omeprazole, Cymbalta, Ativan and Flector. Work status was permanent and stationary. On 12/24/14, Utilization Review non-certified a request for [REDACTED] Functional Restoration Program for additional 80 hours citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Functional Restoration Program for additional 80 hours: Upheld

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 functional restoration programs Page(s): 49.

Decision rationale: The patient presents with pain in the left wrist, extending distally into the tips of the fingers of the left hand and proximally into the mid-forearm and left shoulder with allodynia, temperature changes and color changes in the left hand. The request is for [REDACTED] FUNCTIONAL RESTORATION PROGRAM FOR ADDITIONAL 80 HOURS. Physical examination to the left upper extremity on 12/09/14 revealed atrophy of the left hand and forearm muscles. Patient has difficulty clenching her fist and fully extending the fingers of the left hand. Per 12/31/14 progress report, patient's diagnosis include reflex sympathetic dystrophy of the upper limb. Patient's treatment have included physical therapy, acupuncture and stellate ganglion blocks into her left wrist. Patient's medications per 12/18/14 progress report include Gabapentin, Ativan, Famotidine, Norco and Cymbalta. Patient is permanent and stationary. The MTUS guidelines pg. 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. The guidelines further state that Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." Based on the 12/19/14 progress report, patient has successfully completed the [REDACTED] Functional Restoration Program. The request is for an additional 80 hours of restoration program. UR letter dated 12/24/14 has modified the request to 55 hours, stating that the patient has already completed 105 hours of restoration program. MTUS 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. In this case, while the patient appears to be a candidate for functional restoration program, the requested 80 hours exceeds what is allowed per MTUS. Therefore, the request IS NOT medically necessary.