

Case Number:	CM15-0115748		
Date Assigned:	06/23/2015	Date of Injury:	01/15/2015
Decision Date:	08/28/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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, Hawaii

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 26 year old female, who sustained an industrial injury on 1/15/2015. Diagnoses include right wrist tendinitis/DeQuervain's tenosynovitis, carpal tunnel syndrome and superficial radial neuritis, and left wrist extensor tendinitis secondary to overuse. Treatment to date has included diagnostics, medications including Anaprox, physical therapy and acupuncture. Magnetic resonance imaging (MRI) of the right wrist dated 5/06/2015 was within normal limits. X-rays of the bilateral wrists and hands reviewed on 3/30/2015 was within normal limits. EMG (electromyography)/NCS (nerve conduction studies) dated 5/12/2015 revealed bilateral carpal tunnel syndrome. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported no noticeable improvement with self-treatment and functional restoration program has not begun. Physical examination of the wrist and hand revealed tenderness bilaterally with a positive Phalen's on the right. The plan of care included, and authorization was requested, for a functional restoration program trial of 6 visits (2x3) for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, trial of 6 visits, bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 30-32.

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

Decision rationale: The patient presents with pain affecting the bilateral wrists. The current request is for Functional Restoration Program, trial of 6 visits, bilateral upper extremities. The report with this request was not provided for review. The treating physician states in the report dated 6/6/15, "The patient is responding well to Physical Therapy". (293B) The MTUS guidelines states, "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below". In this case, the 6 criteria outlined in the MTUS guidelines have not been addressed. There is no documentation that the patient has had an adequate and thorough evaluation with baseline functional testing or that the patient is not a candidate for surgery. The current request is not medically necessary.