

Case Number:	CM15-0115811		
Date Assigned:	06/24/2015	Date of Injury:	04/19/2012
Decision Date:	07/23/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 63 year old male with an industrial injury dated 04/19/2012. His diagnoses included reflex sympathetic dystrophy of upper limb, chronic pain syndrome and radial nerve lesion. Comorbid diagnoses included hypertension, high cholesterol and depression. He also had angioplasty of 6 areas on his coronary arteries. Prior treatment included stellate ganglion blocks, hand therapy, medications, left wrist surgery and physical therapy "approximately 15 sessions", cognitive behavioral therapy and home exercise program. He presents on 05/12/2015 with complaints of pain in his left upper extremity but notes it is well tolerated with the current regimen. The provider documents the injured worker is tolerating his medications well and is sleeping better with use of Topamax. The provider also documents he has very limited activities without medication. He notes that with medication he is able to do activities and Norco decreases his pain by 50-60%. He rates the pain as 8-9/10 without use of medications. He notes the pain level goes down to 4-5/10 with the use of medications. Physical exam revealed left hand swollen, red and warm. Grip was diminished and he could not make a fist. His medications include Lidoderm 5 % patch, Aspirin, Atenolol, Atrovastatin, Gabapentin, Hydrochlorothiazide, Hydrocodone-acetaminophen, Nabumetone, Omeprazole and Sertraline. The provider note there is no adverse effects or adverse reactions with medications, no signs of aberrant drug behavior and has an opioid agreement on file. In the progress note dated 05/15/2015 the provider recommends a 6 weeks functional restoration program. Treatment request is for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional restoration program <http://www.odg-twc.com/>.

Decision rationale: According to ODG guidelines, functional restoration program "Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." This study concluded that an interdisciplinary functional restoration program (FRP) is equally effective for patients with chronic upper extremity disorders, including the elbow, shoulder and wrist/hand, as for patients with lumbar spine disorders, regardless of the injury type, site in the upper extremity, or the disparity in injury-specific and psychosocial factors identified before treatment. (Howard, 2012) See the Chronic Pain Chapter for the specific ODG Criteria highlighted in blue, for the use of multidisciplinary pain management programs." There is no documentation that the patient condition required a restoration program. There is no documentation of multidisciplinary evaluation for a functional restoration program. Therefore, the request for is not medically necessary.