

Case Number:	CM15-0068180		
Date Assigned:	04/15/2015	Date of Injury:	01/20/2014
Decision Date:	05/15/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 47 year old male patient, who sustained an industrial injury on 1/20/2014. He sustained the injury due to crushing injury in the left upper extremity. Diagnoses have included contusion of forearm, crushing injury of forearm, other affections shoulder region, chronic pain syndrome, carpal tunnel syndrome, lesion of ulnar nerve sprain/strain of neck, mononeuritis arm other, and cervicobrachial syndrome. Per the FRP Weekly Integrative Summary Report dated 3/13/2015 he reported that he was exercising more and had lost weight. He was more relaxed and has more patience, he was positive thinking, had more confidence and more knowledge of pain management tools. He reported socially interacting more with program peers and communicating more. Objective progress assessment included gains in floor to waist, waist to shoulder, shoulder to overhead, single hand carry, double hand carry, push and pull and weights. Good motivation was reported and he demonstrated a limited ability to participate in individualized treatment plan including daily exercise and functional activities. He was noted to be moderately limited due to a flare up. The current medications list includes hydrocodone-acetaminophen, cymbalta, naproxen, prilosec and sonata. He has undergone two right knee and one left knee surgeries. He has had stellate ganglion block on 11/11/2014. He has had compression, ice, activity modification, TENS unit, functional restoration program (FRP) (6 weeks completed) and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program X2weeks, 10 Days, 60 Hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Request: Functional Restoration Program X2weeks, 10 Days, 60 Hr. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "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 addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." Response to previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Per the cited guidelines "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Patient has already completed 6 weeks of functional restoration program for this injury. There was no documentation provided for review that the patient failed a return to work program with modification. There is no evidence of significant ongoing progressive functional improvement from the previous functional restoration program that is documented in the records provided. A functional restoration program x 2 weeks, 10 days, 60 hr is not medically necessary.