

Case Number:	CM15-0078751		
Date Assigned:	04/29/2015	Date of Injury:	05/11/2009
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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, Pain Management

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 61-year-old female, who sustained an industrial injury on 05/11/2009. She has reported injury to the bilateral hands/wrists, left shoulder, left hip, and low back. The diagnoses have included repetitive strain injury; myofascial pain syndrome; left shoulder rotator cuff injury; and bilateral carpal tunnel syndrome, status post right carpal tunnel release. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, home exercises, and surgical intervention. Medications have included Motrin and Tramadol. A progress note from the treating physician, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the bilateral hands, left hip, left shoulder, and low back. Objective findings included positive Tinel's and Phalen's test in the bilateral hands; tenderness to palpation at the wrist, left shoulder, left hip, lumbar spine, and lumbosacral region; and painful range of motion of the lumbar spine. The treatment plan has included the request for functional restoration program at [REDACTED] (Days), quantity: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program at [REDACTED] (Days) Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the medical information available for review, the FRP evaluation is 1.5 years old, there is no current statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.