MAXIMUS Federal Services

Case Number:	CM15-0090260		
Date Assigned:	05/14/2015	Date of Injury:	01/14/2013
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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:

The injured worker is a 40 year old male, who sustained an industrial injury on 01/14/2013. The injured worker is currently diagnosed as having left cubital tunnel syndromes, left ulnar neuropathy, left 4th digit fracture, left 5th digit fracture, and left hand pain. Treatment and diagnostics to date has included functional restoration program, injections, hand therapy, nerve conduction studies, and medications. In a progress note dated 04/14/2015, the injured worker presented with complaints of left upper extremity pain and reported beneficial effects from functional restoration program and wishes to continue. Objective findings include tenderness noted on 4th and 5th digits, decreased swelling in the left hand, and decreased sensation. The treating physician reported requesting authorization for 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 x 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The patient presents on 04/14/15 with unrated pain and discomfort in the left upper extremity, exact location unspecified. The patient's date of injury is 01/14/13. Patient is status post screw removal surgery to the left pinky finger on 10/30/14 following complex fractures of the left 4th and 5th digits. The request is for FUNCTIONAL RESTORATION PROGRAM X 2 WEEKS 97799. The RFA is dated 04/14/15. Physical examination of the left hand dated 04/14/15 reveals tenderness on the 4th and 5th digits, decreased swelling, and decreased sensation. Provider also notes positive Tinel's sign to the left elbow. The patient is currently prescribed Lyrica and Norco. Diagnostic imaging included MRI of the left upper extremity dated 02/25/15, significant findings include: "Subtle linear increased signal intensity at the pronator teres muscle proximally suggesting mild strain... moderate common extensor origin tendinosis... adjacent scarring proximal fibers lateral ulnar collateral ligament and radial collateral ligament... mild common flexor tendon origin tendinosis... bild distal insertional biceps tendinosis..." Patient's current work status is not provided. 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)." In regard to an additional 2 weeks of functional restoration program attendance, the request is appropriate. An adequate and thorough evaluation has been performed, including a psychiatric assessment noting patient motivation to improve function, and previous methods have been largely unsuccessful. There is functional loss stemming from complex fracture and neuropathy of the left hand and elbow. This patient has already undergone 10 days of a functional restoration program with functional benefits noted in the 04/14/15 progress report. Progress note dated 03/17/15 also discusses a reduction in the need for pain medications attributed to functional restoration. The provider is requesting an additional two weeks (10 days) of treatment for a total of 20 sessions, falling within MTUS recommendations. Given the thorough and complete assessment combined with demonstrated benefits of previous functional restoration efforts, additional sessions could produce significant functional improvements for this patient. Therefore, the request IS medically necessary.