

<b>Case Number:</b>	CM13-0018915		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old female who reported an injury on 11/06/2012. The mechanism of injury involved repetitive work activity. Current diagnoses include right wrist tendonitis, chronic pain, and psychosocial stressors. An authorization request to proceed with an Oasis functional restoration program was submitted on 08/07/2013. It is note that the injured worker demonstrates right upper extremity tenderness with 5/5 motor strength. Conservative treatment to date has included physical therapy, acupuncture, injections, and multiple medications. Recommendations included a functional restoration program for 2 weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A functional restoration program for two weeks for the right elbow and right wrist:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be

documentation of an exhaustion of previous conservative treatment with an absence of other options that are likely to result in clinical improvement. There should also be evidence of a significant loss of the ability to function independently. As per the documentation submitted, the injured worker has exhausted conservative treatment including physical therapy, acupuncture, injections, and multiple medications. There is no physical examination provided on the requesting date. Although the injured worker reported difficulty performing activities of daily living, there was no objective evidence of a significant functional limitation. The injured worker is not currently utilizing any medications. The injured worker's mental status examination was within normal limits. Based on the aforementioned points, the injured worker does not appear to meet criteria for the requested service. As such, the request is non-certified