

<b>Case Number:</b>	CM13-0019122		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	05/29/2002
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	08/22/2013
<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 a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 Physician 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 61-year-old female who reported an injury on 05/29/2002 secondary to an unknown mechanism of injury. The injured worker was evaluated on 08/08/2013 for reports of weakness and occasional numbness in hands and legs. The exam noted bilateral positive Tinel's and Phalen's signs; no atrophy at full range of motion to the hands. The diagnoses included peripheral neuropathy, bilateral carpal tunnel syndrome, and insomnia. The treatment plan included continued medications and referral for functional rehab. The request for authorization and rationale for the request were not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 INITIAL SCREEING FOR FUNCTIONAL RESTORATION PROGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, ,

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

**Decision rationale:** The request for functional restoration program is not medically necessary. The California MTUS Guidelines recommend an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional

improvement. There is a significant lack of evidence that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement in the documentation provided. Furthermore, there is a significant lack of evidence of the rationale for the evaluation. Therefore, based on the documentation provided, the request is not medically necessary.