

<b>Case Number:</b>	CM13-0027452		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Occupational Medicine, 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 applicant is a [REDACTED], employee who has filed a claim for wrist pain, wrist tenosynovitis, lateral epicondylitis, depression, and anxiety reportedly associated with an industrial injury of July 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; topical compounds; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of September 16, 2013, claims administrator partially certified a request for 160 hours of functional restoration as a two-week trial of the same. The applicant later appealed. In a progress note of November 7, 2013, it is stated that the applicant anticipates successful completion of the chronic pain program on November 8, 2013. It is stated that the applicant reports significant improvements in function, feels confident that she can return to work as a dental assistant, and states that she may prefer to return to work on a part-time basis. She states that she is using one to two tablets of Norco per day as opposed to three tablets formerly. She does need to continue using Naprosyn, Effexor, and Protonix, however. She is apparently given permanent work restrictions for myofascial pain syndrome. It is stated that the applicant affected improved sleep, attended class, lectures, and individualized physical therapy. The applicant states that she is less isolated. She states that she is now actively looking for work and exhibits improved range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Northern California Functional Restoration Program, 160 hours: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

**Decision rationale:** Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. 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. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function.