

<b>Case Number:</b>	CM13-0029967		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/24/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 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 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 represented [REDACTED] employee who has filed a claim for phantom limb pain reportedly associated with an industrial amputation injury of December 24, 2005. Thus far, the injured worker has been treated with the following: Analgesic medications; an implantation of an arm prosthetic; unspecified amounts of acupuncture, yoga, and physical therapy; and two weeks of a functional restoration program. In a Utilization Review Report dated August 26, 2013, the claims administrator partially certified a request for four additional weeks of functional restoration as two additional weeks of functional restoration on the grounds that the injured worker was improving in terms of parameters such as walking, flexibility, and education. The injured worker's attorney subsequently appealed. In an April 10, 2013 progress note, the injured worker was described as using a transcutaneous electrical nerve stimulation (TENS) unit, Norco, Lyrica, and Lidoderm patches for phantom limb pain, posttraumatic stress disorder, neuropathic pain, depression, anxiety, and myofascial pain syndrome. In another progress note of August 5, 2013, the attending provider stated that the injured worker was looking forward to start the functional restoration program to improve both his physical and his emotional deficits. On September 10, 2013, the attending provider wrote that the injured worker continued to use Norco for pain relief. The attending provider and injured worker stated that the earlier functional restoration program had been beneficial. The attending provider stated that he wanted the injured worker to continue further functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM FOR AN ADDITIONAL 4 WEEKS FOR A RIGHT ARM AMPUTATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS, 30-32, 49 Page(s): 30-32, 49.

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

**Decision rationale:** MTUS Guidelines state one of the cardinal criteria for the pursuit of a functional restoration program is that an injured worker should not be a candidate for surgery or other treatments which would clearly be warranted to improve function. In this case, the injured worker is apparently seeking and/or has received authorization for a prosthetic program. Improvement of arm function through the proposed prosthetic program would likely obviate the need for further functional restoration. Additionally, the requested 4 weeks of treatment would be in excess of the 20 full-day sessions recommended by the MTUS Chronic Pain Medical Treatment Guidelines. The injured worker could continue his recovery with conventional outpatient office visits, analgesic medications, adjuvant medications, psychotropic medications, counseling, etc. Therefore, the proposed functional restoration program for an additional four weeks is not medically necessary.