

<b>Case Number:</b>	CM13-0042176		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 36 year old who sustained degloving injury to the right hand on 6/21/2011. The diagnoses listed are CRPS, PTSD, depression and anxiety secondary to the chronic pain syndrome. The patient had completed physical therapy, occupational therapy, cognitive behavioral therapy and massage therapy. The medications listed are hydrocodone, Lyrica, fluoxetine, zolpidem, trazodone and lidocaine patch. The completed procedures are 3 surgeries on the hand and 2 stellate ganglion blocks. The 9/24/2013 clinic note by [REDACTED] indicated that the patient reported significant improvement of symptoms but still showed objective findings of contracted right hand, hypersensitive skin and decreased range of motion of the right fingers. A Utilization Review determination was rendered on 10/7/2013 recommending modified certification of the requested 80 hours of functional restoration program to 56 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**80 HOURS OF A FUNCTIONAL RESTORATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,35-41, 48-49.

**Decision rationale:** The CA MTUS addressed the indications for a functional restoration program in patients with CRPS. The records does show that the patient have completed physical therapy, occupational therapy, cognitive behavioral therapy and well as surgical and conservative treatments. The 9/24/2013 records noted subjective improvements with the patient reporting decrease in symptoms and ability to walk 5 blocks. The CRPS condition can lead to severe disabling conditions that can be prevented or corrected with effective treatment programs. The guideline recommend short term treatments in functional restoration programs. The patient should be reevaluated for compliance, efficacy and functional improvement before the program can be extended. The approved 56 hours of functional restoration should be completed. The need for additional hours would then be reevaluated.