

<b>Case Number:</b>	CM13-0048214		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2007
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 39-year-old female patient with a date of industrial injury on 1/24/07. Current diagnoses include status post crush injury of the right hand, post traumatic contracture right hand, chronic right hand pain, posttraumatic depression, possible focal dystonia. Treatment to date has included pain medication (topical, Norco, Cymbalta, Motrin), activity modification, Physical Therapy, and injection. It is stated the patient is not a surgical candidate. Recent progress notes indicate that the patient has ongoing pain and spasm in the right hand. Physical examination documented on recent notes demonstrate tenderness to palpation over the right medial and lateral epicondyles, tenderness to palpation over the right forearm, decrease range of motion of the right hand, and difficulty making a tight fist. Treatment requested is functional restoration program with [REDACTED]. A utilization review determination on 10/18/13 non-certified this request, stating that much of the submitted documentation was not relevant to the request, and that "no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement and the patient exhibits motivation to change."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional Restoration Programs Heading Page(s): 31-33.

**Decision rationale:** In the case of this injured worker, there has been a recent FRP evaluation on 11/15/2013. The discussion section of this report indicates that the patient has been using multiple medications with only "limited and temporary" help. There was no discussion of negative predictor of success, as referenced in the above paragraphs. Given this lack of documentation, the request for the functional restoration program is recommended for non-certification.