

<b>Case Number:</b>	CM13-0054709		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Family Practice 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 patient is a 61 year old female who reported an injury on 09/20/2012. The mechanism of injury was noted to be a cumulative trauma. The patient's diagnosis is noted to be carpal tunnel syndrome with status post bilateral carpal tunnel release. The patient's pain was numbness and tingling in the first through 4th digits in the left hand with that was radiating at the volar aspect of the left forearm with achy pain in the left hand. The patient reported weakness in the right hand and intermittent numbness and tingling in the 1st through 4th digits and rare complaints of pain in the right upper extremity. The patient indicated that symptoms were made worse by keyboarding more than 1 hour, even with breaks throughout an 8 hour period, lifting more than 5 pounds, and performing repetitive activities such as gripping or grasping with the bilateral upper extremities. The patient presented with chronic bilateral hand pain and was status post bilateral carpal tunnel releases. The patient was noted to undergo electrodiagnostic study for consideration of future revision of carpal tunnel decompression which was performed on 11/06/2013. The patient had bilateral moderate carpal tunnel syndrome and as compared to her previous study, the right median and motor mononeuropathy had slightly worsened and in the left median motor neuropathy had slightly improved and the patient had a second EMG which confirmed the patient had bilateral carpal tunnel. The physician opined if there should be no significant change in the nerve conduction studies, the patient would not likely be a candidate for revision of carpal tunnel decompression. It was opined the patient's pain would best be treated in a multidisciplinary program. The request was made for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP, Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

**Decision rationale:** California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review indicated the patient had a thorough evaluation and the patient was noted to not be a candidate for further surgery; however, there was a lack of documentation of baseline functional testing. Additionally, the submitted request failed to indicate the duration of the program. Given the above, the request for functional restoration program is not medically necessary.