

<b>Case Number:</b>	CM13-0058967		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 patient is a 38-year-old female who was injured on 05/06/2011 while pushing a garbage container about six (6) feet tall and weighing 40 pounds. As she was pushing it into the elevator, she suddenly felt the elevator door closing. As she forcefully pushed the garbage container further into the elevator, she felt a popping and cracking sound at her wrist area. Prior treatment history has included an estimation of twenty (20) sessions of postoperative physical therapy; however, she still continued to have pain, numbness and tingling in the right upper extremity. The patient underwent a right wrist synovectomy of the right wrist extensor carpi ulnaris tendon and wrist arthroscopy with synovectomy and debridement, which was done on 04/22/2013. The diagnostic studies reviewed include an MRI of the right wrist, which revealed moderate tendinosis of the extensor carpi ulnaris tendon and multiloculated ganglion cyst in the volar aspect of the wrist at the level of the scaphoid. A bilateral upper extremity electromyography (EMG) suggested mild right ulnar mononeuropathy at the elbow and mild right median mononeuropathy at the wrist. A therapy visit dated 10/17/2013, noted the patient's visit history to be forty-four (44) visits. The patient reported that she was getting stronger and she was ready to work again. The objective findings on exam included, intermittent pain rated as 6/10 in the ulnar wrist, and 4/10 and with act in that medial epicondyle. There was mild pain with palpation to the medial epicondyle. She had intermittent tingling in volar forearm (FA)/wrist/hand when lifting heavy items; and range of motion that was within normal limits. The patient reports good compliance with home exercise program. Her overall progress was slower than expected. Her functional goals indicated that upon grasping, her initial value was painful, but progressed to minimal. Her goal status was 100%, which was achieved on 10/17/2013. Her impairment goal for active range of motion (AROM) wrist flexion was 100%, which was achieved on 06/11/2013; grip strength 100%, which was achieved on 09/10/2013; and the pain goal indicated that she was

making moderate progress towards her goal. A follow-up visit dated 11/27/2013, report improvement in the numbness and tingling in her right wrist and hand, as it was no longer constant, although she still did have symptoms intermittently, particularly with repetitive use of her upper extremities. She did complete postoperative physical therapy with improvements in range of motion and strength. She continued with the home exercise program (HEP). She rated her pain as 5/10 on the visual analog scale (VAS). The patient had not been working and was previously terminated. She was highly motivated to return to some level of work, but does not feel that she can return to full duty due to her pain and persistent symptoms, although it improved since surgery. The objective findings on exam included a negative Tinel's sign at the wrist and elbow. Her range of motion and motor strength was intact for the right wrist. Sensation to light touch was intact in the bilateral upper extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) interdisciplinary evaluation at the [REDACTED] Functional Restoration Program (NCFRP): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-9.

**Decision rationale:** The Chronic Pain Guidelines indicate that many injured workers require little treatment, and their pain will be self-limited. Others will have persistent pain, but can be managed with straightforward interventions and do not require complex treatment. However, for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal-specific has been found to be the most effective treatment approach. The Guidelines also indicate that functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The patient's symptoms are improving; she responded to physical therapy; and her physical examination is relatively benign. While she does not yet appear to have reached maximal medical improvement, she has intact function and does not appear to have a chronic disabling condition. Medical necessity has not been established. Functional restoration program is non-certified.