

<b>Case Number:</b>	CM14-0000502		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Minnesota. 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 46-year-old female who reported an injury on 8/31/12 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to multiple body parts. The injured worker's treatment history included chiropractic care, physical therapy, acupuncture, and multiple medications. The injured worker was evaluated on 12/11/13. It was documented that the injured worker had continued pain complaints. Objective findings included tenderness to palpation of the bilateral wrist and forearms with multiple myofascial trigger points in the cervical and thoracic paraspinal musculature. The injured worker's diagnoses included repetitive strain injury, myofascial pain syndrome, bilateral wrist tendonitis, bilateral epicondylitis, bilateral knee sprain/strain, bilateral ankle sprain/strain, and cubital tunnel syndrome status post release. The injured worker's treatment plan included a muscle relaxant, a functional restoration program, and the use of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FRP EVALUATION AND TREATMENT (DAYS) QTY: 10.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , 5, 92

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic pain programs (functional restoration programs.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend functional restoration programs for appropriately identified patients who have been evaluated both physically and psychologically and have deficits that would benefit from a multidisciplinary approach. The MTUS recommends this treatment modality when all other conservative treatment options have failed to resolve the patient's symptoms and the patient is willing and motivated to participate in this type of program. The clinical documentation submitted for review does not provide any evidence that the injured worker is willing and motivated to participate in a functional restoration program. Additionally, the clinical documentation does not support that the injured worker has exhausted all lower levels of conservative treatment as in conjunction with this request a request for a TENS unit was submitted. Furthermore, the request is for a functional restoration program evaluation and treatment for 10 days. As the injured worker has not undergone a functional restoration program evaluation, the determination for treatment cannot be made. As such, the request is not medically necessary.