

<b>Case Number:</b>	CM14-0105653		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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 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:

Injured worker is a female with date of injury 12/16/2010. Per functional restoration program initial evaluation and multidisciplinary conference dated 6/17/2014, the injured worker reports repetitive injury to her elbows. Her initial evaluation on 12/17/2010 received a diagnosis of epicondylitis of the right lateral elbow. A year later she received a cortisone injection at the lateral epicondyle of the right elbow. She reports that her right elbow pain improved following this injection. An MRI of the right elbow revealed moderate grade partial tear of the proximal extensor tendon and an 8 mm subchondral cyst at the humeral capitellum. She then underwent surgery in 3/2012 which included right elbow arthroscopy, synovectomy and debridement, right open lateral epicondylar debridement and extensor reattachment with right lateral collateral ligament reconstruction. She reports only minor improvement in pain following the surgery. She then had a course of physical therapy, but then fell on both arms, causing increased pain. She was then evaluated for left elbow pain and an MRI of the left elbow revealed severe extensor tendinitis as well as non-displaced of the mid anterior aspect of the common extensor tendon and lateral collateral ligament adjacent to the lateral epicondyle. She underwent left epicondylar debridement and extensor reattachment and left lateral collateral ligament reconstruction and left anconeus muscle pedicle flap. She also underwent arthroscopic surgery of the left shoulder in 11/2012. She reports that she has difficulty with ADLs which includes vacuuming, dish washing, and other housekeeping activities. She is eager to improve her functional status. She is finding it difficult to cope with chronic pain and multiple medical comorbidities and complains of significant depressed mood and difficulty with sleep. She is currently utilizing Flector patches and topical cream as well as ibuprofen 500 mg every 8 hours as needed for management of her pain. On examination she is in no acute distress. She is tearful with somewhat flattened affect. Strength is grossly full in bilateral upper extremities except for decreased grip strength,

bilaterally 4+/5, reflexes are 2+ at bilateral biceps, triceps, brachioradialis, patellar and Achilles deep tendons. There is a well healed surgical scar over the lateral epicondyles of the elbows bilaterally, as well as the anterior and lateral aspects of the right shoulder. Range of motion of the elbows and wrists were within normal limits. Range of motion of the right shoulder is limited to 160 degrees for abduction and flexion. Palpations of the lateral epicondyles were mildly tender bilaterally. Gait is characterized by fluid cadence with adequate toe off and heel strike. She completed psychological evaluation with Axis I diagnoses of 1) pain disorder associated with both a general medical condition and psychological factors 2) depressive disorder 3) anxiety disorder.

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

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

**Functional Restoration Program for 160 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**Decision rationale:** The claims administrator does not provide a rationale for not certifying the request for functional restoration program. The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This request is for 160 hours, or four weeks of a full-time program. The guidelines do not recommend more than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the request for functional restoration program for 160 hours is determined to not be medically necessary.