

<b>Case Number:</b>	CM14-0160168		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/12/2007
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Texas. 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 medical records reflect the claimant is a 50 year old female who sustained a work injury on 11-12-07. The claimant is status post left wrist arthroscopy. She has been treated with medications and injection. The claimant has work restrictions. The claimant is using Ibuprofen at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**██████ program for 80 hours:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CPMP Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - CPMP

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that CPMP is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. The claimant is on minimal

medications that do not require her to be weaned off. Based on the records provided, the request for a CPMP is not established as medically necessary.