

<b>Case Number:</b>	CM14-0178703		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, has a subspecialty in Pain 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:

This is a male patient with a date of injury of August 13, 2012. A utilization review determination dated October 27, 2014 recommends non-certification of functional restoration program additional 2 weeks- 6 hours a day 3 days a week for 2 weeks. A progress note dated August 27, 2014 identifies subjective complaints that the patient became sedated and had blurry vision with gabapentin, and had to stop the medication two days ago. The patient has been authorized for a functional restoration program. Physical examination identifies unchanged motor exam, sensory exam, reflex exam, straight leg raise is unchanged, gait is unchanged, there is pain upon palpation over both wrists, and positive Phalen's and Tinel's sign bilaterally. The diagnoses include upper arm/elbow joint pain and polyneuropathic pain. The treatment plan recommends that the patient proceed with the [REDACTED], the patient underwent physical therapy, psychological, and pain management evaluations all of which found the patient to be an excellent candidate for the 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 additional 2 weeks-6 hours a day 3 days a week for 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain management programs, Chronic pain programs/.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 30-34 and 49.

**Decision rationale:** Regarding the request for a functional restoration program additional 2 weeks- 6 hours a day 3 days a week for 2 weeks, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation provided regarding the recommended two-week trial. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Due to lack of pertinent documentation, the currently requested functional restoration program additional 2 weeks- 6 hours a day 3 days a week for 2 weeks is not medically necessary.