

<b>Case Number:</b>	CM14-0026680		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 71-year-old male with a reported date of injury on 06/10/2011. The injury reportedly occurred when the injured worker was utilizing a machete. The injured worker presented with left thumb pain rated at 6/10. According to the clinical information provided the injured worker had electrodiagnostic studies on the left wrist dated 07/07/2011, the results of which were not provided within the documentation available for review. The injured worker's presented with the left thumb in a flexed position, and the injured worker was unable to open it. Upon physical examination, the left thumb extended to 45 degrees, and the interphrengel joint to 30 degrees of extension. The injured worker underwent extensive debridement for osteomyelitis of the left thumb on 06/02/22/2011. The electro diagnostic study dated 09/20/2011 revealed the left median nerve was outside normal limits. There was proximal ulnar neuropathy possibly at the elbow. In addition, the physician indicated the injured worker participated in physical therapy but the fingers were becoming stiffer. According to the clinical note dated 10/03/2012, the physician indicated that the condition reached a permanent and stationary status and maximum medical improvement. According to the clinical note dated 03/20/2014 the injured worker complained of depressive symptoms, with a lack of concentration while doing skilled work. According to the clinical information, the physician noted that the injured worker's physical capacity was insufficient to pursue work, family, or recreational needs. A complex psychological evaluation was requested, the results of which were not provided within the clinical information available for review. The injured worker's diagnosis included pain left hand. The injured worker's medication regimen included Anaprox DS, Protonix DR, and Topamax. The Request for Authorization for 1 initial evaluation for a Functional Restoration Program was submitted on 02/27/2014. The rationale for that request was not provided within the documentation available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 INITIAL EVALUATION FUNCTIONAL RESTORATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN (FUNCTIONAL RESTORATION PROGRAMS).

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

**Decision rationale:** The California MTUS Guidelines state that functional restoration programs are recommended. Research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of disability management and psychosocial intervention. The documentation provided for review indicates the injured worker has been placed on permanent stationary status and maximum medical improvement. In addition, the clinical information indicated, that the current physical capacity is insufficient to pursue work, family, or recreational needs. A complex psychological evaluation was requested, the results of which were not provided within the clinical information available for review. In addition there is a lack of documentation related to the goals of this Functional Restoration Exam, there is a lack of documentation related to the job requirements the injured worker is to perform. The clinical note indicates that the injured worker has participated in physical therapy without benefit. The clinical information provided, lacks documentation related to the injured worker's functional deficits as it relates to performing job expectations. In addition, the results of the psychological evaluation were not provided for review. Therefore, the request for an initial evaluation functional restoration program is non-medically necessary.