

<b>Case Number:</b>	CM14-0030383		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 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:

The injured worker is a 52-year-old female who reported an injury on 04/04/2012 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral wrists and elbows. The injured worker's treatment history included physical therapy, splinting, medications, and injections. The injured worker was evaluated on 02/06/2014. It was documented that the injured worker reported she did not feel she could return to work at full duty due to chronic pain and depression related to chronic pain. Physical exam findings included tenderness to palpation of the medial and lateral epicondyles of the bilateral elbows with decreased range of motion with flexion and extension. The injured worker's diagnoses included carpal tunnel syndrome, pain in joint shoulder, lateral epicondylitis, and medial epicondylitis. It was noted within the documentation that the patient would like to avoid surgical intervention and be treated conservatively. The patient was evaluated on 03/17/2014. It was noted that a request for an evaluation of a functional restoration program did not receive authorization as the patient is a surgical candidate. It was noted that the treating provider wished to avoid surgical intervention and treat the patient conservatively. Therefore, an evaluation for a functional restoration program was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation Functional Restoration Program (Carpal Tunnel Syndrome): 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 Chronic Pain Management Program Page(s): 30.

**Decision rationale:** The request for the evaluation for a functional restoration program for carpal tunnel syndrome is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends functional restoration programs for patients who are not candidates for surgery and no other treatments would clearly be warranted and the patient exhibits a motivation to change and willingness to forgo financial gains to effect change in function. The clinical documentation submitted for review indicates that the functional restoration program is an attempt to avoid surgical intervention. However, nowhere in the documentation is it identified that the injured worker is motivated to change, return to work, and be compliant and provide maximal effort during treatment. As such, the requested evaluation for a functional restoration program for carpal tunnel syndrome is not medically necessary or appropriate.