

<b>Case Number:</b>	CM14-0037104		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Nevada. 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 records presented for review indicate that this 58 year-old male was injured on 6/28/11. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 1/20/14, indicates that there are ongoing complaints of bilateral wrist pain. The physical examination demonstrated range of motion of the bilateral wrists within normal limits, pain with flexion, extension, and owner deviation on the right. There was decreased grip strength on the right in comparison contralateral side. The patient is right-hand dominant. There is a positive Finkelstein's on the right. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, acupuncture, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue functional restoration program x 20 days:** 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 Page(s): 30-34.

**Decision rationale:** Functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional

restoration programs (FRPs) were originally developed by [REDACTED] 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 function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. After review of the medical records provided, it is noted the injured worker had a significant increase in wrist pain with participation in the functional restoration program. Therefore, an additional request for 20 days is deemed not medically necessary.