

<b>Case Number:</b>	CM14-0037243		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/13/2014
<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 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 patient is a 60 year old female who was injured on 09/20/2012 due to repetitive use of hand activities for work. The patient underwent left carpal tunnel release on 01/8/2013. Right carpal tunnel release on 07/18/2013. Prior medication history included venlafaxine, gabapentin, amlodipine, aspirin, atorvastatin, green tea, metformin, Naprosyn, Tylenol #3 and vitamin C. Diagnostic studies reviewed include EMG/NCV of bilateral upper extremities dated 11/06/2013 revealed abnormal findings including bilateral moderate carpal tunnel syndrome and left ulnar sensory mononeuropathy. Office visit dated 02/24/2014 indicates the patient complained of bilateral hand pain. She continues to have numbness and tingling, left greater than right digits. She also reports her anti-inflammatory medications cause stomach upset and gabapentin causes headache and ringing in the ears. On exam, there is positive Tinel's at left wrist over the median nerve. There is positive Phalen's, left greater than the right. Diagnoses are status post carpal tunnel release. The treatment plan included a functional restoration program and a discontinuation of gabapentin. Prior utilization review dated 03/13/2014 states the request for Initial evaluation at the [REDACTED] Functional Restoration Program is not authorized as it is not with certainty that the patient is not a surgical candidate and guideline criteria has not been met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation at the [REDACTED] Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs ( functional restoration programs) Page(s): 31-32.

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

**Decision rationale:** According to CA MTUS, Functional restoration Programs are 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 functional over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. Furthermore, according to CA MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when previous methods of treating chronic pain have been unsuccessful and there is absence of other treatment options likely to result in significant clinical improvement and the patient has a significant loss of ability to function independently resulting from chronic pain. In this case, documentations show that other options have not been exhausted such as steroid injections into the wrist, behavioral modifications, home exercise program and wearing CTS brace at night. Furthermore, there is little evidence of significant impairment in ADLs. Therefore, the medical necessity of the requested service is not established at this time and not medically necessary.