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| <b>Case Number:</b>   | CM14-0039267 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 02/14/2008 |
| <b>Decision Date:</b> | 08/27/2014   | <b>UR Denial Date:</b>       | 03/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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 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 underlying date of injury in this case is 02/14/2008. This patient's diagnoses have included bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, and chronic pain syndrome. This patient completed a functional restoration program. A step-down program has been recommended subsequent to that program. A functional restoration program discharge summary for the period ending 02/28/2014 notes that the patient exceeded expectations within a functional restoration program. The patient reported improvements in global psychologic functioning as well as strengthening, and reduced her psychological reliance on pain medication as well as improved her determination on physical strengthening. A transitional step-down program was recommended as an opportunity to ensure appropriate medication compliance and medical pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transitional Step Down Program, 1 5-hour session per week for 8 weeks to Bilateral Upper Extremities (BUE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on functional restoration program/chronic pain programs Page(s): 32.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on functional restoration program/chronic pain programs, page 32, states that with regard to functional restoration programs, longer duration programs require individualized care plans and proven outcomes and should be based upon chronicity of disability and other known risk factors or loss of function. The proposed step-down program in this case is essentially an extension of the prior functional restoration program. The rationale for this program appears to be generalized but not specific to this particular patient. This request is not consistent with the treatment guidelines and is not medically necessary.