

<b>Case Number:</b>	CM14-0043538		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Internal Medicine 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 33 year old female whose date of injury is 03/20/2012. The mechanism of injury is described as repetitive clerical work. The injured worker described pain to the bilateral wrists. Evaluation dated 01/28/14 indicates that the injured worker has not returned to work since the date of injury. The injured worker sustained a prior work-related injury on 09/03/09 when she twisted her right knee. Treatment to date includes right carpal tunnel release on 08/02/13, left wrist cortisone injection in 2013 and medication management. The injured worker is not taking any medications. Diagnoses are chronic right wrist and hand pain, chronic wrist tenosynovitis an medial epicondylitis, status post right wrist carpal tunnel release, right paraspinous cervical, upper trapezius, and levator scapulae myofascial pain syndrome, history of right knee injury in 2009 status post arthroscopic meniscectomy/ACL Repair on 12/24/09.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One time evaluation for Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Restoration Program

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program (functional restoration program) Page(s): 30-32.

**Decision rationale:** Based on the clinical information provided, the request for one time evaluation for functional restoration program is not recommended as medically necessary. The submitted records fail to establish that the injured worker has exhausted lower levels of care and is an appropriate candidate for this tertiary level program as required by CA MTUS guidelines. The most recent office visit note submitted for review is from January. There is no indication that the injured worker has undergone any recent active treatment. The injured worker's date of injury is over 2 years old. CA MTUS guidelines do not generally support functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period.