

<b>Case Number:</b>	CM14-0043569		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/11/2014
<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 Family Practice 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 claimant is a 43 year old female who sustained a work injury on October 10, 2011. She was diagnosed with reflex sympathetic dystrophy of the upper limbs, chronic pain due to trauma, lateral epicondylitis, upper extremity joint pain, major depression, carpal tunnel syndrome and cervical disc displacement without myelopathy. A progress note Feb. 13, 2014 indicated the claimant had eight out of 10 pain. She had been taking Ambien, Flexeril, gabapentin, Hydrocodone/Tylenol for pain and Lunesta for sleep. Her physical examination was notable for pain in the right wrist and chronic regional pain syndrome in the right upper extremity. She was requested to schedule a stellate ganglion block, continue cognitive behavioral therapy, schedule occupational therapy and obtain a functional capacity evaluation. A psychological and valuation on March 6, 2014 indicated the claimant had major depression and pain disorder associated with psychological factors. A comprehensive vocational evaluation on March 5, 2014 indicated she was able to sustain regular dependable competitive employment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 137.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP) and work hardening Page(s): 125.

**Decision rationale:** According to the MTUS guidelines, FRP is recommended when (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Based on the above criteria the request for Functional Capacity Evaluation is not medically necessary and appropriate.