

<b>Case Number:</b>	CM14-0043899		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/31/2014
<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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 10/31/11 date of injury, and left knee surgery 10/3/13. At the time (3/31/14) of request for authorization for Initial Evaluation For Functional Restoration Program, there is documentation of subjective (right shoulder pain that spreads up to the neck and down the right arm with numbness in the 1st through 4th digits on the right) and objective (sensation in right upper extremity dermatomes C2-8 decreased, positive Tinell's and Phalen's on right, and only raise right upper extremity to 45 degrees) findings, current diagnoses (carpal tunnel syndrome, pain in joint lower leg, sprains and strains of neck, and sprain strain thoracic region), and treatment to date (knee surgery, cortisone injection to knee, acupuncture, physical therapy, and medications (including tramadol ER and Ketamine cream) with continued functional impairment and pain). In addition, 4/11/14 medical report identifies patient has had a significant loss of ability to function independently, but is motivated to improve. There is no documentation that there is an absence of other options likely to result in significant clinical improvement and the patient is not a candidate where surgery or other treatments would clearly be warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 31-32.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, pain in joint lower leg, sprains and strains of neck, and sprain strain thoracic region. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change. However, there is no documentation that there is an absence of other options likely to result in significant clinical improvement and the patient is not a candidate where surgery or other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for Initial Evaluation For Functional Restoration Program is not medically necessary.