

Case Number:	CM14-0048676		
Date Assigned:	06/25/2014	Date of Injury:	09/17/2010
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	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, 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:

The patient is a 58-year-old male with date of injury of 09/17/2010. The listed diagnoses per [REDACTED] dated 12/30/2013 are: 1. Lateral epicondylitis. 2. Pain in joint of the upper arm. According to this report, the patient complains of moderate pain over the right elbow. He describes it as burning, pressure-like, numb, tingling, pins and needles. The pain is increased with overhead reaching, forceful grasping, and gripping. The physical examination shows the patient ambulates to the room without any assistive devices. He is able to sit comfortably. There is tenderness to palpation over the lateral epicondyle, medial epicondyle, and olecranon process of the right elbow. There is painful range of motion in flexion, extension, pronation and supination of the right elbow. Motor examination is 4/5 on the right and 5/5 on the left. Sensory examination to light touch is decreased over the medial forearm, lateral forearm on the right side. In addition, the provider documents that as a result of the patient's current chronic pain, the patient has significantly lost the ability to function independently. The pain has affected the patient negatively in his ability to perform activities of daily living such as going to work, participate in recreational activities, performing household chores, cleaning and doing yard work. The patient is not currently a candidate for surgery, and there is an absence of other options likely to result in significant clinical improvement. The utilization review denied the request on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Initial Evaluation for Functional Restoration Program for Chronic Pain to right Elbow
Injury:** Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49, 30-33.

Decision rationale: This patient presents with right elbow pain. The provider is requesting an initial evaluation for Functional Restoration Program. The MTUS Guidelines support Functional Restoration Program given that the patient must meet specific criteria. To determine the patient's candidacy, a full evaluation is appropriate to obtain. Given the patient's chronic and persistent pain with functional deficits, a functional restoration program evaluation appears reasonable and consistent with the MTUS Guidelines. Recommendation is medically necessary.