

<b>Case Number:</b>	CM14-0059912		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 64-year-old female who reported injury on 10/01/2011 due to repetitive computer use. The injured worker complained of upper extremity pain. The injured worker had a diagnosis of joint forearm pain and joint hand pain. The MRI of the cervical spine dated 07/16/2014 revealed degenerative disc disease with facet arthropathy and retrolisthesis at the C3-6 with degenerative disc disease at the proximal thoracic spine. The diagnostics included electromyogram/nerve conduction velocity of the upper extremities that revealed no electrodiagnostic evidence of bilateral cervical radiculopathies or brachial plexopathy and no bilateral medial radial or ulnar neuropathies. The past treatments included ice, heat, medication, physical therapy, hand wax, and acupuncture. The medications included Cymbalta 20 mg, buprenorphine 0.1 mg sublingual, Neurontin, Tropazone Cream, and Tylenol. The physical examination of the right upper extremity revealed arm abduction of 5/5, forearm flexion 5/5, forearm extension 5/5, and wrist extension 5/5; left upper extremity revealed arm abduction of 5/5, forearm flexion 5/5, forearm extension 5/5, and wrist extension 5/5. Muscle tone revealed all was within normal limit. The treatment plan included an evaluation for a functional restoration program. The Request for Authorization dated 07/28/2014 was submitted with documentation. No rationale for the evaluation for the functional restoration program was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Evaluation Functional Restoration Program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Functional Restoration Programs), Page(s): 30-32.

**Decision rationale:** The California MTUS states that an adequate and thorough evaluation needs to be made, including baseline functional testing, so that follow-up with the same test can note functional improvement; 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 injured worker had a significant loss of the ability to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would clearly be warranted; and the injured worker exhibits motivation to change. Negative predictors of success should also be addressed. Functional restoration treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions, and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. There was a lack of a measurable baseline against which to measure the efficacy of the functional restoration program. Additionally, there was a lack of evidence that the injured worker had failed conservative treatment, to include physical medicine and medications. The clinical notes were not evident of any abnormal findings. As such, the request is not medically necessary.