

<b>Case Number:</b>	CM14-0065353		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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 25 year old female who reported an injury to her right wrist. The initial injury occurred in 2012 when a box of tomatoes fell and the injured worker attempted to catch the box. The procedural note dated 10/09/13 indicates the injured worker undergoing a right wrist arthroscopy with a triangular fibrocartilage complex (TFCC) and scapholunate tear debridement. The clinical note dated 02/05/14 indicates the injured worker undergoing an intraarticular injection including Depomedrol and Marcaine at the right wrist. The injured worker tolerated the procedure well. The procedural note dated 03/06/14 indicates the injured worker reported no significant benefit from the previous injection. Upon exam, the injured worker demonstrated diminished range of motion throughout the right wrist. The note indicates the injured worker continuing to work at a full duty capacity. The clinical note dated 04/03/14 revealed mild swelling without erythema at the right wrist. Diffused tenderness was identified upon palpation over the extensor surfaces as well as the flexor surfaces. Range of motion deficits were identified with extension and flexion of approximately 50%. The clinical note dated 04/07/14 indicates the injured worker having attempted to return to work. The note does indicate the injured worker working modified duty at that time. The injured worker reported an immediate injury to her right wrist and hand. The qualified medical examination dated 05/16/14 indicates the injured worker having previously undergone a right wrist arthroscopy with a TFCC debridement. The clinical note dated 05/19/14 indicates the injured worker no longer working as the injured worker's place of work had not been able to accommodate the restrictions. The note indicates the injured worker continuing with ongoing physical therapy. There is an indication the injured worker has 4 available physical therapy sessions available to her. The utilization review dated 04/28/14 resulted in a denial for inclusion into a functional restoration program as inadequate information had been provided confirming the injured worker's exhaustion of all

conservative treatments and the injured worker had been working at light duty at her place of work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HELP functional restoration program multidisciplinary evaluation, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

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

**Decision rationale:** The request for a HELP program/functional restoration program is non-certified. The documentation indicates the injured worker complaining of right wrist pain. Inclusion into a functional restoration program is indicated for injured workers who have completed all conservative treatments. The most recent clinical note indicates the injured worker continuing to have physical therapy sessions available to her. Therefore, it does not appear that the full and complete exhaustion of all conservative treatments has been completed prior to inclusion into a functional restoration program. Therefore, this request is not fully indicated as medically necessary.