

<b>Case Number:</b>	CM14-0080444		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and is licensed to practice in Nevada. 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 45-year-old male who was reportedly injured on 6/18/2010. The mechanism of injury was noted as penetrating trauma from a nail gun. The most recent progress note dated 4/22/2014, indicated that there were ongoing complaints of neck pain, bilateral wrists pain, right hand pain and left finger pain. The physical examination demonstrated cervical spine unremarkable. Shoulders were an unremarkable exam. Bilateral elbows had an unremarkable exam. Bilateral wrists had an unremarkable exam. Right hand had an unremarkable exam. Left hand had a positive atrophy and positive swelling over all the digits. Allodynia noted over the entire hand. Temperatures decreased over the entire hand. Tenderness to palpation over the proximal interphalangeal joint of the middle finger, ring finger, and little finger. The recent diagnostic studies are available for review. Previous treatment included work modification, bracing, transcutaneous electrical nerve stimulation unit, psychotherapy, physical therapy, injections and medications. A request was made for functional restoration program #10 hours and was not certified in the pre-authorization process on 5/8/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Hours of Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Chronic Pain Programs:

Functional Restoration Programs. Decision based on Non-MTUS Citation Bendix, 1998; Guzman, 2001.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Chronic Pain Programs Page(s): 30-34 OF 127.

**Decision rationale:** Functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. These pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). After review of the medical documentation provided, it is noted the patient is pending evaluation for possible injection. Therefore, the request for 10 Hours of Functional Restoration Program is not medically necessary.