

<b>Case Number:</b>	CM14-0083260		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 44-year-old male who reported an injury on 10/24/2011, which occurred while he was at work cutting wood with a skill saw and sustained a laceration to the tips of the third, fourth, and fifth fingers of his left hand. The injured worker's treatment history included medications, physical therapy, and MRI. He was evaluated on 04/11/2014, and it was documented that the injured worker has had multiple treatment modalities by multiple doctors for ongoing neck and scapular pain. He had significant signs of depression and decreased functionality by 50% at home. Activities of daily living were impaired because of the injured worker have a significant amount of pain and dysfunction. The provider noted that since the time of injury to present he had approximately 30 physical therapy sessions and some medications, but has had no treatments in over a year. He described burning, pulsing, and numbness sensations. He was unable to make a complete fist with his left hand. His pain level was 4/10. The provider noted the pain was getting worse and having difficulty using his left hand. Within the documentation, the provider noted the injured worker had undergone electrodiagnostic studies that showed no evidence of cervical radiculopathy. Physical examination revealed he was able to make a full grip with the left hand. The DIP flexor tendons were unable to flex completely on the second, third, and fourth digits of the left hand. Medications included Ibuprofen 800 mg and Norco 10/325 mg. Diagnoses included left third and fourth DIP tendinosis versus tear of the hand, complex regional pain syndrome type 2 of the left upper extremity and nerve entrapment of the left upper extremity. The provider noted that he was requesting a functional restoration program evaluation. The injured worker had been increasing his opiate medication significantly and had decreased in functionality by about 50% in terms of daily activities of being able to do anything around the house. He was instructed on going back to

work, but his lifting capacity was limited significantly, as he was unable to lift greater than 10 pounds at a time. The request was not submitted for this review.

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

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

**Functional Restoration Program Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs) Page(s): 49-50.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state functional restoration programs are recommended although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and were designed to use as medically directed; interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. That there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. The guidelines also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. There appears to be little scientific evidence for the effectiveness of multidisciplinary bio psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation submitted indicated the injured worker had over 30 sessions of physical therapy however, the outcome measurements were not submitted for this review. In addition, the provider failed to indicate injured worker long-term functional improvement goals. Given, the lack of documentation not submitted the request for functional restoration program evaluation is not medically necessary.