

<b>Case Number:</b>	CM14-0118777		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/26/2004
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Internal Medicine 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 48 year old female who had her injury on 7/26/04. She saw her M.D. on 7/16/14 who stated that the patient has had multiple medical problems with her right upper extremity. She has had triggering in her right 4th finger , pain in her elbow,tremor in her right hand ,chronic pain in her right wrist and hand associated with numbness and dysfunction of her fingers and hand. Her diagnoses were listed as;chronic right elbow pain,right cubital tunnel syndrome, s/p right ulna nerve transposition,chronic right hand and wrist pain, s/p multiple hand and wrist surgeries, right shoulder tendinitis,and right 4th finger triggering.She was taking Elavil, Norco,and Lidoderm patch for pain control. A request was made for 12 sessions of behavioral intervention and restorative functionally based exercise program. However, the UR only approved 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Behavioral Intervention and Restorative Functionally Based Exercise Program, Qty: 12:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Exercise, Restorative Programs (FRPs), Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 49.

**Decision rationale:** The chronic pain section states that the functional restoration program is utilized for chronic pain and is a medically directed interdisciplinary pain management program for chronic disabling musculoskeletal disorders which incorporates exercise and psychological treatment .A Cochrane study done showed that this type of program could improve function with lumbar pain.We also note that a patient needs to be motivated and that the therapy includes PT and occupational counseling. The above patient has had chronic pain despite multiple surgical attempts and she is on chronic pain medications.It is well known that there is a psychological component to chronic pain and that this must be addressed in order to treat the pain.It seems that the patient has exhausted most accepted treatments for her pain and that a multidisciplinary program of counseling, PT, and behavior modification offers her best hope for improvement at this point. Therefore, the request for 12 treatments of Behavioral Intervention is medically necessary.