

<b>Case Number:</b>	CM14-0197039		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational 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:

This case is a 32-year old male with a date of injury on 2/19/2013. A review of the medical records indicate that the patient has been undergoing treatment for status post left elbow surgery, left elbow and wrist pain, and low back pain. Subjective complaints (12/10/2014) include severe pain to left elbow with numbness to left long, ring, and small fingers. Objective findings (12/10/2014) include positive Tinel's sign at medical aspect of elbow, Phalen sign positive, compression sign positive, decreased light touch sensation to small/ring finger, tenderness to left lateral condylar area, pain with wrist extension/flexion. MRI reported mild extensor carpi ulnaris tendinopathy and unremarkable MRI of left elbow. Treatment has included left elbow surgery (2013) with partial synovectomy, medications, physical therapy, and activity modification. A utilization review dated 11/17/2014 non-certified a request for Functional Restoration Program Evaluation.

### 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 Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement;(3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change;(6) Negative predictors of success above have been addressed. The current request is for a functional restoration program evaluation. While the guidelines address adequacy of entry into a program, a few criteria are important to note prior to an evaluation. The treating physician notes that the patient has failed initial surgical attempts and is currently not a surgical candidate, which would support an evaluation for entry into a program. However, the treating physician does not adequately document a significant loss of ability to function due to chronic pain. Subject pain is documented, but medical records related to the request for the functional restoration program evaluation do not detail what abilities is loss specifically due to pain. As such, the request for Functional Restoration Program Evaluation is not medically necessary at this time.