

<b>Case Number:</b>	CM15-0104972		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/14/2008
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female who sustained an industrial injury on 11/14/08. The injured worker was diagnosed as having carpal tunnel syndrome. Currently, the injured worker was with complaints of bilateral hand pain. Previous treatments included functional restoration program, cognitive behavioral therapy, medication management and status post rotator cuff surgery. Physical examination was notable for right shoulder with pain upon flexion and abduction at the end of range and pain in the median nerve distribution in the right hand. The plan of care was for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program participation for 160 hours:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain management programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 30-34.

**Decision rationale:** Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. The MTUS outlines the following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." Within the medical information available for review, there is documentation from a note dated 5/5/2015 that an adequate and thorough evaluation has been made including baseline functional testing. There are statements indicating that other methods for treating the patient's pain have been unsuccessful, the patient has lost the ability to function independently, and is not felt to be surgical candidate. Negative predictors of success have been addressed. There has been additional clarification regarding the patient's narcotic regimen which is at a relatively low-moderate dosage level. Given these factors, the request is medically necessary.