

<b>Case Number:</b>	CM15-0105072		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/27/2015
<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 34 year old, male who sustained a work related injury on 5/10/12. He suffered a table saw injury. The diagnoses have included amputation of right second and third fingers, status reimplantation of right fifth digit, ankylosis of right fourth finger joints and depression. Treatments have included right fingers surgery, medications, and psychological treatment. In the Initial Evaluation and Multidisciplinary Conference note dated 5/12/15, the injured worker complains of pain in right hand pain that radiates into the dorsal and volar forearm. He states Gabapentin has been effective in reducing the pain. The pain does awaken him at night. He is having phantom pain digit sensations in right hand. He states pain is made worse when using right arm. He complains his chronic pain symptoms have negatively impacted his ability to perform activities of daily living. He reports of depression related to pain disorder. On physical examination of right hand, it reveals complete amputation of the second and third digits. He has normal range of motion in thumb. No movement noted on fourth digit. The fifth digit has minimal movement. The treatment plan includes a request for authorization of 160 hours of a 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 x 160 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

**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 that an adequate and thorough evaluation has been made including baseline functional testing. Further there are statements in a note dated 6/2/2015 that many conservative efforts and modalities for treating the patient's pain have been unsuccessful, the patient has lost functional ability and continues with deficits, that the patient is not a surgical candidate (and has had consultation with upper extremity surgeons), and expressed motivation to change. A discussion of negative predictors of success was also included. Given this, a FRP is appropriate but the duration is 160 hours initially is not warranted. Unfortunately, the IMR process cannot modify requests. The guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The original request is not medically necessary.