

<b>Case Number:</b>	CM15-0134230		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female who sustained an industrial injury on 10/13/2014. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having left wrist pain. Treatment to date has included medications, radiologic imaging, and nerve conduction studies. Currently, the injured worker complains of pain in the left wrist that is unchanged since her last office visit. The pain is a burning sensation localized to the volar and dorsal sides of the wrist and rated at a 5-7 on a scale of 0-10. Her fingers have intermittent numbness and tingling, which have improved since her last office visit. On examination, the wrist is negative for carpal Tinel's sign, has a positive compression and Phalen's test, and sensation is intact to light touch in the median radial and ulnar distributions. She has no thenar atrophy. There is diffuse tenderness about the wrist with no one place that is particularly tenderer than anywhere else. Examining the nerve test of the left upper extremity, there are conflicting opinions whether there is mild cubital tunnel syndrome. A MRI of the left wrist performed 01/05/2015 saw intact triangular fibrocartilage complex, and no acute ligamentous tear. There is no evidence of any soft tissue mass or ganglion cyst. There is synovitis of the Pisa triquetral and distal radioulnar joints. The treatment plan is for a functional restoration program due to the continued complaints of pain in the left wrist and the lack of any objective findings that would justify any surgical intervention. A request for authorization was made for the following: Functional Restoration Program (FRP) evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP) evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31, 2.

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

**Decision rationale:** According to the medical records, the patient is having left wrist pain and intermittent numbness and tingling in her fingers. The current request is for Functional Restoration Program (FRP) Evaluation. The attending physician report dated 6/10/15, page 28(B), states the patient continues to have left wrist pain. "At present I do not have any objective findings that would justify surgical intervention." "I think she would benefit from a functional restoration program." The CA MTUS guidelines offers the following Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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. In this case, the attending physician has released the patient to full duty without restrictions. There is nothing in the medical records to suggest that all other treatment methods have been attempted and have been unsuccessful and that there is absence of other available options likely to result in clinical improvement. There is also no indication that the patient is unable to function independently resulting from chronic pain. The patient is diagnosed with nonspecific wrist pain with synovitis of the wrist and a mild case of cubital tunnel syndrome. The patient also has symptoms of possible carpal tunnel syndrome. Considering the patient is working full duty, there is nothing in the medical records to establish medical necessity for the request of a Functional Restoration Program consultation. Therefore, not medically necessary.