

<b>Case Number:</b>	CM15-0139632		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 30 year old male, who sustained an industrial injury on 10/17/2012. He reported repetitive type injuries to the right wrist and low back. Diagnoses include lumbar strain, tendinosis of the wrist, wrist sprain, chronic low back pain, rule out internal disc derangement, and right forearm intersection syndrome. Treatments to date include medication therapy, physical therapy, chiropractic therapy, and acupuncture treatments and a steroid injection to the wrist. Currently, he complained of ongoing low back and right wrist pain. On 7/8/15, the physical examination documented pain with range of motion with swelling noted. The plan of care included a multidisciplinary evaluation to assess candidacy for a function restoration program, and a right wrist MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient is a 30 year old male with repetitive type injury to his right wrist and low back on 10/17/2012. He has ongoing low back and right wrist pain with range of motion. The requested multidisciplinary evaluation is for placement into a functional restoration program. However, it is still unclear who is anyone would benefit from such a program with respect to the aim of having the worker return to work. There is limited vocational success of these programs for back issues and even more limited experience in reporting success from these programs with wrist injuries. The requested multidisciplinary evaluation for a functional restoration program is not medically necessary since there is limited vocational support for the efficacy of the functional restoration programs. The request is not medically necessary.