

<b>Case Number:</b>	CM15-0182451		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 58 year old female who sustained an industrial injury on 10-21-13. Diagnoses are noted as lateral epicondylitis-left, left elbow strain, ulnar neuritis left elbow, and DeQuervain's tenosynovitis left wrist. Previous treatment includes medication, heat, ice, brace, home exercise, psychological evaluation, MRI, electromyography, and physical therapy. In a progress note dated 6-9-15, the physician reports exacerbation and flare up of left elbow, forearm, wrist, and fingers with pain rated at 7-8 out of 10 and 8 out of 10 when carrying, driving, and lifting. Complaints are of stiffness affecting sleep, pain, and spasms, which is causing anxiety, and associated numbness and weakness affecting self-care, grooming and hygiene. It is noted she has failed Lyrica as well as other medications in the past. Objective findings reveal moderate swelling over the dorsal aspect of the left hand and fusiform swelling of the fingers, paresthias in digits 3,4, and 5 on the left, motor strength of shoulder abduction and forward flexion are 4+ out of 5 on the right and 4- out of 5 on the left, elbow and wrist flexion and extension are pain limited on the left, and grip strength is pain limited on the left. Tinel's is positive at the left elbow and wrist and Finkelstein is positive on the left. Work status is temporary total disability. It is noted that she continues to have ongoing functional deficits and has a chronic functional impairment in relationship to pushing, pulling, reaching and grasping activities particularly affecting her wrist. The treatment plan notes due to the fact that she has failed multiple medications and has developed a chronic pain syndrome which has affected mood, concentration and activities of daily living, if she is found to be an appropriate candidate, a 15 day trial would be reasonable with a Functional Restoration Program. A formal request for authorization is per a visit note dated 8-13-15. The requested treatment of 15 day

trial in the Functional Restoration Program; 3 times a week for 5 weeks was non-certified on 9-8-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**15 day trial in the Functional Restoration Program; 3 times a week for 5 weeks:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Chronic Pain Programs.

**Decision rationale:** With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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." (There are many of these outlined by the MTUS). Per note dated 2/28/15, the injured worker has undergone a psychological evaluation, the negative predictors of success have been addressed and there are no identifiable secondary gains. The injured worker is motivated to get better. She has failed conservative measures including physical therapy, home exercises, medications, and activity modification. She was not an optimal candidate for surgery. I respectfully disagree with the UR physician's assertion that the criteria were not met. The request is medically necessary.