

<b>Case Number:</b>	CM15-0196647		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 63 year old female, who sustained an industrial injury on 9-9-14. The injured worker was diagnosed as having traumatic injury to right wrist, closed fracture of distal radius, right wrist pain and right hand pain. Medical records (7-21-15 through 8-11-15) indicated right wrist pain and inability to lift children. She has been off work due to employer not having light duty. The physical exam (4-28-15 through 8-11-15) revealed "decreased" right wrist range of motion and 4-6 out of 10 pain. As of the PR2 dated 9-1-15, the injured worker reports persistent pain in the ulnar aspect of the right wrist radiating to the 4th and 5th digits of the right hand. Objective findings include "limited" range of motion and 5 out of 5 strength in the right wrist. Treatment to date has included physical therapy for the right wrist x12 sessions (started on 4-8-15), acupuncture and a right wrist steroid injection in 8-2015. The treating physician requested a functional restoration program assessment, right wrist-hand. The Utilization Review dated 9-22-15, non-certified the request for a functional restoration program assessment, right wrist-hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program assessment, right wrist/hand (per 09/04/15 order): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program assessment, right wrist and hand per September 4, 2015 order is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes. (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are right wrist pain; status post closed fracture distal radius; dramatic injury to the wrist. Date of injury is September 9, 2014. Request for authorization is September 15, 2015. According to a September 1, 2015 progress note, the injured worker was treated for a closed fracture of the distal radius. The injured worker received acupuncture, physical therapy and splinting with improvement after physical therapy. Objectively, the injured worker has decreased range of motion of the right wrist to flexion and extension. There is no tenderness present. The injured worker received 24 sessions of physical therapy which were successful and very beneficial in reducing pain and increasing range of motion. The primary issue appears to be pain related. MRI evaluation of the wrist was normal. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating previous methods of treating chronic pain were successful with improvement and associated benefit with ongoing physical therapy (24 prior sessions), functional restoration program assessment, right wrist and hand per September 4, 2015 order is not medically necessary.