

<b>Case Number:</b>	CM15-0207753		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

### 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 44 year old female who sustained an industrial injury on 10-21-13. A review of the medical records indicates she is undergoing treatment for reflex sympathetic dystrophy. Medical records (4-24-15, 5-22-15, 7-7-15, and 7-29-15) indicate ongoing complaints of chronic right hand pain secondary to complex regional pain syndrome. She rates her pain "8-9 out of 10". She reports the pain has resulted in difficulty with vacuuming with her right hand, doing dishes, folding laundry, and making her bed. She reports that she has also had weakness of the right hand and has difficulty with picking up items (7-7-15). The physical exam (7-28-15) reveals tenderness to palpation and allodynia over the dorsal aspect of her right hand, which extends into the right wrist. Guarding of the right hand is noted with palpation. Diminished range of motion is noted of the right wrist. Motor strength is noted to be "4 out of 5" with right hand grip in comparison with left hand grip. Tinel's sign is negative bilaterally. Diagnostic studies have included MRIs of the cervical and thoracic spine, as well as an EMG-NCV study of bilateral upper extremities. Treatment has included medications, physical therapy, a stellate ganglion block, and a spinal cord stimulator trial. The treating provider discussed with the injured worker the possibility of a multidisciplinary approach to pain management versus a second opinion regarding surgery on 6-30-15. After consideration, the injured worker expressed wishes to move forward with a functional restoration program on 7-28-15. She is not working. The utilization review (10-8-15) includes a request for authorization of a functional restoration program, 80 hours for the right hand. The request was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, 80 hours for the right hand:** Upheld

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

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

**Decision rationale:** Submitted reports have not presented any psychological evaluation clearance or issues with unchanged clinical findings for this chronic 2013 injury. The patient has not shown any motivation for any change in work status and reports have no mention of adequate response from previous therapy treatment rendered with further demonstrated need for this chronic injury with long-term ongoing treatment. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to improve work status without tapering of medications. Additionally, there is mention of second opinion regarding surgery candidacy, a contraindication per guidelines criteria, as all treatment options have not been exhausted to support for the FRP for this October 2013, over 2 years passed with negative predictors for successful outcome. The Functional restoration program, 80 hours for the right hand is not medically necessary and appropriate.