

<b>Case Number:</b>	CM15-0020434		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Preventive Medicine, Occupational 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 58 year old male who sustained a work related injury after jamming his left thumb on a wood palate, April 2, 2012. Past medical history included hypertension, hyperlipidemia, cognitive disorders, tremors (etiology unknown) panic symptoms when driving, and depression/anxiety. He later developed left wrist, forearm, elbow, shoulder, neck, and face and head pain. He was diagnosed with DeQuervain tenosynovitis and was administered approximately eight corticosteroid injections into his left metacarpal phalangeal joint. He underwent left first digit surgery release of trigger thumb May 2013 after failed conservative treatments. It appears the injured worker had completed another segment of a functional restoration program with documentation from August 14, 2014. A follow-up physiatry pain evaluation report dated September 23, 2014, had requested an orthopedic consultation regarding left shoulder surgery, continued present medications and home exercise program and stated he will be commencing with a functional restoration program in the near future. According to utilization review dated January 27, 2015, the request for Outpatient Functional Restoration Program twenty seven (27) hours per week for four (4) weeks is modified to Outpatient Functional Restoration Program Trial twenty seven (27) hours per week for two (2) weeks, citing ODG Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, 27 hours per week x 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 32.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that a 2 week check point be instituted to evaluate the programs success with a particular individual. If an individual is not making clear improvements or is inadequately motivated, continuing in such a program is not recommended beyond the 2 week trial. The request for the Functional restoration program, 27 hours per week X 4 weeks is not supported by Guidelines and is not medically necessary.