

<b>Case Number:</b>	CM15-0023655		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on 7/28/2010. She reports a right hand injury. Diagnoses include right carpal tunnel syndrome with surgical release, hand osteoarthritis, ulnar nerve lesion, lateral epicondylitis and radial styloid tenosynovitis. Treatments to date include physical therapy, hand brace, surgery and medication management. A progress note from the treating provider dated 12/10/2014 indicates the injured worker reported bilateral hand pain and right hand numbness and tingling. The patient has had stiffness, weakness, locking and dropping of objects from hands. Per the doctor's note dated 1/05/15 patient had complaints of bilateral hand pain. Physical examination was not specified in the records provided. The medication list includes Gabapentin, Norco, Oxycodone, Metformin, Glipizide, Imitrex, Lisinopril, Advil, Clonazepam. The patient's surgical history include foot, knee and hand surgery and CTR. The patient has had MRI of the wrist with unremarkable findings. She has had a urine drug toxicology report on that was consistent. Patient has received an unspecified number of PT visits for this injury. The patient has had history of anxiety disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009)Chronic pain program.

**Decision rationale:** Request: Functional restoration programAccording to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "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."In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(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; (6) Negative predictors of success above have been addressed."A recent detailed physical examination of the bilateral hands was not specified in the records provided.The patient has received an unspecified number of PT and chiropractic visits for this injury. A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient.The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. The patient has increased duration of pre- referral disability time ? more than 2 years. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient.In addition, per ODG, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain."He has had an anxiety disorder which is evidence of possible psychosocial distress.The medical necessity of the request for Functional restoration program is not fully established for this patient.