

<b>Case Number:</b>	CM15-0035387		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 54 year old male who sustained an industrial injury on 2/11/13. The injured worker reported symptoms in the right elbow. The diagnoses included right lateral epicondylitis and status post right humeral lateral epicondyle release. Treatments to date include steroid injection, acupuncture treatment, physical therapy and oral medications. In a progress note dated 1/28/15 the treating provider reports the injured worker was with "right elbow pain that is brought on with use of the right arm...associated numbness in the right extensor forearm and digits 3 and 4 of the right hand." On 2/4/15 Utilization Review non-certified the request for a Functional Restoration Program Evaluation. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration program), Criteria for the general use of multidisciplinary pain management programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

**Decision rationale:** According to the 01/28/2015 progress report, this patient is status post lateral humeral epicondylar release in his right elbow on 12/03/13. He is still experiencing some discomfort in his right elbow, particularly on the dorsal aspect of the forearm and elbow. The current request is for Functional Restoration Program Evaluation. The request for authorization is on 01/28/2015. The patient's work status is permanent and stationary for rating purposes. Regarding functional restoration programs, MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including patient's disability, motivation, negative predictors, etc. In this case, the patient has been suffering from chronic pain for years and an evaluation for functional restoration program is quite reasonable and consistent with MTUS. The request IS medically necessary.