

<b>Case Number:</b>	CM15-0036500		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Pain Management

### 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 28 year old female, who sustained an industrial injury on 9/1/2013. She reported injury of the left wrist, forearm and elbow after pushing a cart. The injured worker was diagnosed as having left shoulder tendonitis and impingement; status post left shoulder surgery, left wrist and forearm crush injury, and mild to moderate left medial epicondylitis. Treatment to date has included medications, x-rays, acupuncture, electro diagnostic studies, and physical therapy. The request is for a functional restoration program (160 hours). He was seen by QME on 10/8/2014, for injuries related to the left wrist, forearm, and shoulder. The records indicate she had continued pain after 8-9 physical therapy sessions. She currently complains of left shoulder pain she rated 8/10 at its worst and 2/10 with medications, rest, ice, heat and massage, and left wrist pain rated 3/10 at its worst and 0/10 with medications and rest. The treatment plan included: anti-inflammatory medications, corticosteroid injections for flare-ups, and removal of ganglion cyst of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 160hrs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRP's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP  
Page(s): 31-34.

**Decision rationale:** Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is documentation of above factors. However, the issue raised is whether 160 hours should be certified initially. The guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the current request of 160 hours (which is equivalent to 20 full time days) is not medically necessary.