

<b>Case Number:</b>	CM15-0055989		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/21/2009
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 52 year old female, who sustained an industrial injury on 4/21/09. She reported right upper extremity. The injured worker was diagnosed as having status post right median and ulnar nerve release, lateral epicondylar release; repetitive strain injury of upper extremity and mood adjustment disorder. Treatment to date has included home exercise program, oral medications including opioids, topical medications, right upper extremity carpal tunnel, cubital tunnel and lateral epicondylar releases and activity restrictions. Currently, the injured worker complains of ongoing right upper extremity pain. On physical exam dated 2/10/15, tenderness to palpation over the right wrist and right elbow are noted at both the medial and lateral sides. She is currently in her sixth week of a functional restoration program and continues to utilize minimal pain medication for management of pain to the right upper extremity. The treatment plan requested authorization six sessions of aftercare for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration aftercare program x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

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

**Decision rationale:** The patient is currently in her sixth week of a functional restoration program and continues to utilize minimal pain medication for management of pain to the right upper extremity. The request is for FUNCTIONAL RESTORATION AFTERCARE PROGRAM x 6 SESSIONS. The RFA provided is dated 02/24/15 and the patient's date of injury is 01/21/09. The patient was diagnosed as having status post right median and ulnar nerve release, lateral epicondylar release; repetitive strain injury of upper extremity and mood adjustment disorder. Per 02/11/15 report, physical examination revealed tenderness to palpation at bilateral lateral epicondyles. There is positive Tinel's and Phalen's bilaterally. The patient is temporarily totally disabled. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including; (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain. (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." In this case, the patient has progressed well in 6 weeks of functional restoration program. It would appear the program has already reached adequate goals. There is no explanation as to why the patient is unable to follow-up with the primary treater and continue to work on improvements. MTUS does not discuss after-care program following FRP. The requested functional restoration program (aftercare) IS NOT medically necessary.