

<b>Case Number:</b>	CM14-0126323		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old female who reported an injury on 09/15/2011 due to cumulative trauma. Past treatments were cortisone injections and right carpal tunnel release. The physical examination on 09/26/2014 revealed that the injured worker had completed 26 sessions of a functional restoration program. It was reported that the injured worker practices relaxation exercises at home and reported benefit. It was also reported that the injured worker demonstrated good participation and also demonstrated good compliance and high levels of motivation with her exercise program. The injured worker focused on increasing her endurance with functional tasks and the use of her right upper extremity. It was reported that the injured worker continued to demonstrate appropriate increases her physical and functional levels. The injured worker participated in wellness classes focused on yoga, qigong, mindfulness meditation, guided imagery, relaxation breathing, and progressive muscle relaxation. It was also reported that the next week, the injured worker would focus on developing a home exercise program and preparing for discharge from the program. It was also reported that the injured worker would benefit from further treatment to assist her in the increased physical and functional levels and to work towards overcoming her barriers. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 5 days per week X 6 weeks for bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General use of Multidisciplinary Pain Management Programs Page(s): 32.

**Decision rationale:** The decision for a functional restoration program 5 days per week times 6 weeks for the bilateral upper extremities is not medically necessary. The California Medical Treatment Utilization Schedule states that total treatment duration should generally not exceed 20 full day sessions (or the equivalent in part time sessions if required by part time work, transportation, child care, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. There was no clear rationale indicating reasonable goals to be achieved or individualized care plans. It was reported that the injured worker had completed 26 sessions of a functional restoration program. It was reported that a home exercise program was to be implemented for the injured worker. There was no documentation provided detailing a clear indication for the necessity of a functional restoration program 5 days per week times 6 weeks for the bilateral upper extremities. Therefore, this request is not medically necessary.