

<b>Case Number:</b>	CM14-0152108		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 patient is a 31-year-old male who has submitted a claim for status post left wrist ganglion cyst excision, tenosynovectomy (07/12/2014) and secondary repetitive strain syndrome associated with an industrial injury date of 08/29/2012. Medical records from 12/21/2012 to 10/03/2014 were reviewed and showed that patient complained of left wrist/hand pain graded 7/10. Physical examination revealed tenderness and swelling over dorsal aspect of left wrist and slightly decreased ROM. MRI of the left wrist dated 05/12/2014 revealed ganglion cyst arising from scapholunate interosseous ligament and mild degeneration of scapholunate interosseous ligament. Of note, there was no diagnosis of psychiatric illness. Treatment to date has included left wrist ganglion cyst excision, tenosynovectomy (07/12/2014), 10 visits of postoperative physical therapy, and Naproxen. Of note, there was no objective documentation of functional outcome from previous physical therapy visits. The patient has not completed authorized 12 visits of physical therapy. Utilization review dated 09/16/2014 denied the request for functional restoration program in-house because the patient has not yet completed his postoperative rehabilitation sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program in-house:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Page(s): 30-32.

**Decision rationale:** Page 30-32 of the of the CA MTUS Chronic Pain Medical Treatment Guidelines state that inpatient pain rehabilitation programs typically consist of more intensive functional rehabilitation and medical care. They may be appropriate for patients who: don't have the minimal functional capacity to participate effectively in an outpatient program; have medical conditions that require more intensive oversight; are receiving large amounts of medications necessitating medication weaning or detoxification; or have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. In this case, the patient complained of left wrist pain. Physical findings revealed slightly decreased wrist ROM that does not indicate minimal functional capacity to participate in outpatient program. Furthermore, the patient was noted to take only Naproxen for pain that does not necessitate detoxification. Moreover, there was no diagnosis of psychiatric illness to support the need for inpatient functional restoration program. There is no clear indication for the request at this time. Therefore, the request for Functional Restoration Program In-house is not medically necessary.