

<b>Case Number:</b>	CM14-0095388		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, has a subspecialty in Interventional Spine 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 45-year-old female with an injury date of 02/03/2013. Based on the 05/07/2014 progress report, the patient had a right ulnar nerve decompression on 11/07/2013. Since her last clinic visit, the patient has had small improvement in her symptoms. She continues to have some color changes and hypersensitivity above the region of her incision as well as a burning pain. She has numbness and tingling in two of her small finger, however, it is more intermittent than before her surgery. The 03/17/2014 indicates that the patient continues to have extreme hypersensitivity over the surgical incision as well as discomfort throughout the right upper extremity. She also has decreased sensation in the ulnar innervated digits when compared to the medial innervated digits. The patient's diagnoses include the following: 1. Status post right ulnar nerve decompression, performed on 11/07/2013. 2. Rule out right upper extremity complex regional pain syndrome. The utilization review determination being challenged is dated 06/13/2014. Treatment reports were provided from 01/06/2014 - 06/18/2014.

### 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 General use of Multidisciplinary Pain Management Programs.

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

**Decision rationale:** Based on the 05/07/2014 progress report, the patient presents with color changes and hypersensitivity about the region of her incision of her right ulnar nerve decompression (11/07/2013). The request is for a functional restoration program evaluation. MTUS Guidelines page 49 recommends functional restoration programs for chronic pain. A 2-week program is recommended if all of the criteria are met. In this case, the request is for an evaluation to determine the patient's candidacy for a functional restoration program. Given the patient chronic pain syndrome, the requested is medically necessary.