

<b>Case Number:</b>	CM14-0210847		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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 & Rehabn

### 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 29 year old female with an injury date of 03/17/13. Based on the 11/06/14 progress report provided by treating physician, the patient complains of right wrist pain. Physical examination to the right wrist revealed well healed surgical scar in the medial aspect. Positive Finkelstein's causing pain in the deQuervain's area. Decreased strength noted. Per treater report dated 09/04/14, patient is to "start electro-acupuncture treatment." Per progress report dated 11/06/14, treater recommends the patient "to have functional restoration program evaluation to address her chronic pain condition." The patient is motivated to participate, and is not a surgical candidate. She has baseline evaluation and functional evaluation and has limited ability to lift, push and pull, and limited ability for prolonged standing, walking and climbing activities. The patient is temporarily partially disabled with limitations. Diagnosis 11/06/14- right wrist de Quervain's tenosynovitis with status post release- right upper extremity neuropathy- right wrist sprain/strain injury- bilateral carpal tunnel syndromeThe utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 05/22/14 - 11/06/14.

### 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 ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30 to 32.

**Decision rationale:** The patient is status post release right wrist de Quervain's tenosynovitis, date unspecified, and presents with right wrist pain. The request is for functional restoration program evaluation. Patient's diagnosis included right upper extremity neuropathy, right wrist sprain/strain injury and bilateral carpal tunnel syndrome. Per treater report dated 09/04/14, patient is to "start electro-acupuncture treatment." The patient is temporarily partially disabled with limitations. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 11/06/14, treater recommends the patient "to have functional restoration program evaluation to address her chronic pain condition." The patient is motivated to participate, and is not a surgical candidate. She has baseline evaluation and functional evaluation and has limited ability to lift, push and pull, and limited ability for prolonged standing, walking and climbing activities. Evaluation for FRP appears reasonable as the MTUS supports functional restoration program to address chronic pain and disability. Therefore the request is medically necessary.