

<b>Case Number:</b>	CM15-0122782		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 43 year old male with an industrial injury dated 09/03/2013. The injured worker's diagnoses include wrist tenosynovitis, bicipital tenosynovitis, chronic pain syndrome, lateral epicondylitis, rotator cuff injury, trigger finger, and contusion of chest wall. Treatment consisted of diagnostic studies, prescribed medications, 12 sessions of acupuncture for left shoulder, hand surgery on 06/20/2014, 36 sessions of hand therapy and periodic follow up visits. In a progress note dated 05/15/2015, the injured worker reported right shoulder pain and right hand pain radiating to the elbows. Objective findings revealed fatigue and moderate pain. The treating physician reported that the injured worker pain during last visit was left upper extremity and now it is in the right elbow and forearm, despite hand therapy. The treating physician also reported that given the multiple body parts of pain despite surgical intervention and therapy the injured worker would benefit from a functional restoration program. The treating physician prescribed services for one functional restoration program evaluation now under review.

### 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 Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional Restoration Evaluation Page(s): 33.

**Decision rationale:** According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve as well as failing other prior conservative measures including surgery and extensive therapy, the request for the functional restoration program evaluation is appropriate and medically necessary.