

<b>Case Number:</b>	CM15-0125369		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 female patient who sustained an industrial injury on 06/12/2015. The worker has worked as a cashier and experienced cumulative trauma over the course of employment resulting in injury. A pain management follow up visit dated 03/17/2015 reported the current intensity of pain was described as rated a 7 out of 10 in intensity described as aching, sharp, burning hot and numbing pains. She does have a history of anxiety, depression and obesity. Current medications are Advil PM, and Melatonin. The following diagnoses were applied: bilateral carpal tunnel syndrome, and right upper extremity pain and myofascial restrictions. The impression found the patient with overuse syndrome of her right arm with development of bilateral carpal tunnel syndrome; not a good surgical candidate. The plan of care noted recommending a multi-disciplinary evaluation, prescribed Naproxen, Paxil and follow up in two months. The patient is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP program 80 hours:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional restoration program <http://www.odg-twc.com/>.

**Decision rationale:** According to ODG guidelines, functional restoration program "Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in 'Delayed recovery.' This study concluded that an interdisciplinary functional restoration program (FRP) is equally effective for patients with chronic upper extremity disorders, including the elbow, shoulder and wrist/hand, as for patients with lumbar spine disorders, regardless of the injury type, site in the upper extremity, or the disparity in injury-specific and psychosocial factors identified before treatment. (Howard, 2012) See the Chronic Pain Chapter for the specific ODG Criteria highlighted in blue, for the use of multidisciplinary pain management programs." There is no documentation that the patient condition required a HELP program. There is no documentation of the outcome of previous physical therapy. There is no documentation that the patient cannot benefit from surgery or outpatient psychological evaluation and treatment. Therefore, the request for HELP program 80 hours is not medically necessary.