

<b>Case Number:</b>	CM15-0046341		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 48-year-old male, who sustained an industrial injury on September 30, 2013. The injured worker had reported a right hand, right arm, right elbow, right shoulder, back, neck and head injury after a fall from a ladder. The diagnoses have included chronic pain, cervical strain, lumbosacral strain, right shoulder contusion and status post right distal radial wrist fracture. Surgeries have included an open reduction and internal fixation of the right wrist, removal of hardware and a right carpal tunnel release. Treatment to date has included medications, radiological studies, physical therapy and surgery. Current documentation dated January 21, 2015 notes that the injured worker complained of right wrist pain. Physical examination of the right wrist revealed tenderness to palpation and diffuse weakness of the wrist and hand. The treating physician's recommended plan of care included a request for participation in a functional restoration program times 160 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**160 hour participation in a functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, referral to a psychologist for a functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. Negative predictors of success should be identified, and if present, preprogrammed goals should indicate how these will be addressed. In this case, the injured worker's working diagnoses are right radial wrist fracture residual pain and motor deficits not following an anatomical pattern; status post distal radius open reduction internal fixation on October 14, 2013 followed by hardware removal and right carpal tunnel release March 31, 2014; and chronic pain syndrome. The documentation indicates the injured worker is motivated to return to work. However, the injured worker's prior experience was involved in manual labor and given the prior surgery and continued disability of the right wrist along with a compensable profession to return to cannot be easily identified. The injured worker has not received injection therapy, prior psychological (chronic pain) counseling and has had no progression with ongoing physical therapy. Moreover, the functional restoration evaluation indicates ongoing physical therapy resulted in minimal in the pre-and postoperative phase of recovery with therapy worsening the injured worker symptoms (for a few days). The guidelines address negative predictors and how they impact a functional restoration program. Negative predictors of success should be identified, and if present, preprogrammed goals should indicate how these will be addressed. The treating physician enumerated the negative predictors outlined above. The treating physician did not indicate how these negative predictors will be addressed in an FRP. Consequently, absent documentation as to how negative predictors including minimal pre-and postoperative physical therapy response, no prior psychological counseling, and a compensable profession to return to work cannot be easily identified, a 160 hour functional restoration program is not medically necessary.