

<b>Case Number:</b>	CM15-0077076		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old male, who sustained an industrial injury on 11/21/2013. He reported an injury to his finger, which resulted in amputation. Diagnoses have included complex regional pain syndrome (CRPS), mild depression and elements of post-traumatic stress disorder. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, massage therapy and medication. According to the evaluation dated 3/18/2015, the injured worker rated his pain as 7/10. He reported a history of depression and anxiety. Current medications included Gabapentin, Alprazolam, Hydrocodone and Escitalopram. Physical exam revealed that the middle finger of his right hand had been amputated completely. He had sensitivity about the scar on his hand. Authorization was requested for [REDACTED] Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] program x 80 hours: Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) (2) Functional restoration programs (FRPs) Page(s): 30-32, 49.

**Decision rationale:** The claimant sustained a work-related injury in November 2011 resulting in the amputation of the middle finger of his dominant right hand. He continues to be treated for chronic pain and has difficulty with activities of daily living and loss of social activity. He was evaluated for the requested program on 03/18/15 and was determined to appropriate for enrollment. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the requested number of sessions and duration of the program is consistent with the recommended guidelines. The claimant's injury would not be expected to preclude a return to work. Therefore, the request is medically necessary.