

Case Number:	CM13-0002998		
Date Assigned:	06/06/2014	Date of Injury:	11/29/2000
Decision Date:	12/31/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/24/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, elbow, and hand pain reportedly associated with an industrial injury of November 29, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and a functional restoration program. In a Utilization Review Report dated July 8, 2013, the claims administrator partially approved a request for an outpatient functional restoration program six to eight weeks for the right upper extremity as a functional restoration program for two weeks for the right upper extremity. In that Utilization Review Report of July 8, 2013, the claims administrator referred to a Request for Authorization (RFA) form received on July 1, 2013. The applicant's attorney subsequently appealed. In a progress note dated October 10, 2014, the applicant reported ongoing complaints of neck, shoulder, elbow, and hand pain. The applicant had graduated from the functional restoration program. The applicant was pending a lumbar spine surgery on October 30, 2014. The applicant was using Zanaflex and gabapentin for pain relief. 3/10 pain was noted. The applicant was not working, it was acknowledged. The applicant did have a history of depression, it was further noted. The applicant was trying to walk four times a week and was still smoking, it was noted. The applicant's complete medication list included Neurontin, Zanaflex, Naprosyn, Tenormin, Zestril, and Celexa. The applicant was asked to continue current medications. A November 7, 2013 progress note is notable for comments that the applicant was not working. Highly variable 2-5/10 pain was reported, about the shoulder, neck, and elbow. The applicant did have a history of depression, it was acknowledged, and was a former smoker. The applicant had received prior shoulder surgery in addition to acupuncture, manipulative therapy, and massage

therapy, it was acknowledged. It was stated that the applicant had completed the functional restoration program on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient functional restoration program 6-8 weeks for the right upper extremity:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request for six to eight weeks of treatment via the proposed outpatient functional restoration program, thus, was at odds with MTUS principles and parameters. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that other criteria for pursuit of functional restoration programs include evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, however, there was no evidence that other appropriate options were tried, exhausted, and/or failed before consideration was given to the functional restoration program. It is not clearly stated why the applicant could not continue her rehabilitation through more conventional means, such as conventional outpatient office visits, psychotropic medications, psychological counseling, home exercises, etc. Therefore, the request was not medically necessary.