

Case Number:	CM13-0011157		
Date Assigned:	06/20/2014	Date of Injury:	03/08/2010
Decision Date:	07/25/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 48-year-old female who reported an injury on 03/08/2010. The mechanism of injury was not provided for clinical review. The diagnoses include sprain of the shoulder, sprain of the wrist, sprain/strain of unspecified site of the elbow and forearm, carpal tunnel syndrome, reflex sympathetic dystrophy of the upper limb, dysthymic disorder, chronic pain syndrome, and limb pain. Previous treatments included an electromyography (EMG), medication, and Functional Capacity Evaluation. Within the clinical note dated 02/04/2013, it reported the injured worker complained of upper extremity pain. She noted the pain was getting worse. The injured worker noted psychological counseling had been discontinued. She described her pain as aching in the neck, shoulder, and both upper extremities. She rated her pain 8/10 in severity. Upon the physical examination of the cervical spine, the provider noted the injured worker had 5-/5 bilateral upper extremity strength, allodynia right forearm and hand, Spurling's sign was negative. The provider noted there was tenderness over the cervical paraspinal and shoulder diffusely. The provider requested a Functional Restoration Program to address her depression and pain and to become more functional physically. The Request for Authorization was submitted and dated 02/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP) 4 days/week for 5 weeks total of 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30, 32.

Decision rationale: The request for a functional restoration program 4 days a week for 5 weeks total of 20 sessions is not medically necessary. The injured worker complained of upper extremity pain. She described the pain as aching in the neck, shoulder and both extremities. She rated her pain 8/10 in severity. The California MTUS Guidelines note that 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 followup with the same tests 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 information; (3) the injured worker has 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 injured worker exhibits motivation to change and is willing to forgo secondary gains, including disability payments to effect this change; (6) and negative predictors of success above have been addressed. The guidelines note integrative summary reports that include treatment goals, progress assessment, and stage of treatment, must be available upon request and at least on a bi weekly basis during the course of treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as demonstrated by subjective and objective gains. There was a lack of documentation indicating the injured worker has tried and failed on previous chronic pain therapies such as pain medication or physical therapy. There was a lack of documentation indicating the injured worker had significant loss of ability to function independently. There was a lack of significant objective findings indicating the injured worker exhibits motivation to change and is willing to forgo secondary gains, including disability payments to effect this change. The request submitted exceeds the guidelines recommendations that treatment is not suggested for longer than 2 weeks. The request submitted is for 5 weeks. Therefore, the request for functional restoration program 4 days a week for 5 weeks, a total of 20 sessions is not medically necessary.