

Case Number:	CM13-0020753		
Date Assigned:	11/20/2013	Date of Injury:	02/11/2003
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 physician 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:

Patient is a 51 YO, female with a date of injury of 02/11/2003. Patient has diagnoses of myofascial pain syndrome, rotator cuff sprain, bilateral tendonitis, and cervical disc protrusion at level C3-4 and C5-6. Patient has been previously treated with PT, TENS, trigger point injections, acupuncture and Tylenol No 3. Patient commenced her initial two-week functional restoration program on 07/30/2013 that included physical therapy and psychotherapy sessions. PT reports document steady progression, improved awareness of posture and body mechanics. Patient still presents with decreased ROM and strength and recommends continuation of program. Psychotherapy reports show patient participating in various sessions. Patient is noted to be optimistic, motivated, and working on several life goals, as well as coping skills for her chronic pain. It was noted patient that she is benefiting from the program. On report dated 08/09/2013, [REDACTED] reported patient was enjoying the FRP. He notes patient has cut down opioids from 3 tablets to 1 per day. Patient does complain of some muscle soreness from the exercise. He recommends she complete the remaining 4 weeks in the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) weeks of functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program (FRP) Page(s): 49.

Decision rationale: Patient completed the initial two-week program that included physical therapy and psychotherapy sessions. On the report dated 08/09/2013, [REDACTED] reported patient was benefiting from FRP. The patient is enjoying the program. Medication use is diminished despite having more pain from exercises. The therapy summary report is particularly useful. After one week, overall the patient showed 10-15% improvement from baseline function. The patient's baseline functions were diminished ROM of the shoulder at 90-100 degrees for flexion, 80-88 degrees for abduction. Strengths were diminished with 4-/5 for deltoid, 2% for gastrocnemius, for example. The patient's listing was only 3 lbs from floor to waist, sit/stand tolerance was only 10 min. and ambulation at 20 min. Balance was poor at 30s and swaying moderately. By the end of 2 weeks, the therapist note documents 15-25% overall improvement in all measures. Review of the other notes such as Yoga instructor shows good participation and motivation by the patient. Clearly, this patient should complete additional 2 weeks of functional restoration program. However, the treater has asked for 4 additional weeks of FRP. MTUS states that in most cases 20 days of a FRP program is sufficient. For additional treatments, the treater has to provide a clear rationale for wanting to go for more than 20 full days. "Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." In this request, I do not see that the treater has provided a clear rationale why this patient requires more than 20 days of FRP, what the individualized care plan would entail, what proven outcomes would be expected, and what chronicity of disability and known risk factors are present that require longer treatment. Recommendation is for denial of the requested 4 additional weeks of FRP in addition to already received 2 weeks.