MAXIMUS Federal Services

Case Number:	CM13-0026365		
Date Assigned:	11/22/2013	Date of Injury:	05/17/2012
Decision Date:	02/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of May 17, 2012. A utilization review determination dated September 12, 2013 recommends partial certification for functional restoration program 5 days per week for 2 weeks. The request was for 5 days per week for 6 weeks. An AME report dated August 23, 2013 states '[redacted] indicates that she is very depressed and that she has anxiety attacks once a month. She endorses most symptoms of depression, but denies current suicidal ideation, intent and/or plan. She reports that her self-care has decreased and that at the end of each day, she is completely exhausted." A physical therapy evaluation dated August 23, 2013 identifies subjective complaint stating, "right-sided anterior shoulder pain that she describes as an achiness, pain from her elbow to her wrist along the ulnar nerve path and posterior right arm pain from her triceps region to her wrist. She also reports that her hands get fat and puffy. She reports that her bilateral hands are numb at times." [redacted] has been able to return to work as a custodian, working 40 hours per week. She reports she could benefit from movement and trying to stay active in using work as a distraction. Although, it appears that this work has been good for her, she does avoid use of her right upper extremity and over uses her left upper extremity. She is also using work as a distraction and this may be causing her to overdo her activity level. A multidisciplinary evaluation dated august 23, 2013 states there are no barriers to success for a functional restoration chronic pain program, and the FMG FRP has proven successful outcomes. The note goes on to state, "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. She has a significant loss of ability to function independently resulting from the chronic pain. She is not a candidate for surgery or other treatments. She exhibits motivation

IMR ISSUES, DECISIONS AND RATIONALES

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

Admission to [redacted] Functional Restoration Program, five (5) days per week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 30-34, 49.

Decision rationale: Regarding the request for '[redacted] Functional Restoration Program, five (5) days per week for six (6) weeks", California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success have been addressed. Guidelines go on to state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the documentation available for review, it appears that the patient is working full time. Therefore, it is unclear how the patient has "loss of ability to function independently," as stated in the guideline criteria. Additionally, guidelines recommend a 2 week trial of FRP, with additional time supported if there is documentation of subjective and objective gains. Guidelines do not support an initial period of 6 weeks, as is being requested here. Finally, the requesting physician has stated that the program in question has "proven successful outcomes," but has not provided any data to support that assertion. In light of the above issues, the currently requested '[redacted] Functional Restoration Program, five (5) days per week for six (6) weeks", is not medically necessary.