

Case Number:	CM13-0028635		
Date Assigned:	11/27/2013	Date of Injury:	10/31/2011
Decision Date:	08/04/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/25/2013

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 and 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 45 year old female with a reported date of injury on 10/31/2011. The mechanism of injury was not submitted within the medical records. Current diagnoses were noted to include complex regional pain syndrome to the left upper extremity, bipolar I disorder, complex regional pain syndrome leg symptoms in all 4 extremities, and left radial nerve injury. Her previous treatments were noted to include physical therapy and medication. The progress note from the functional restoration program dated 10/21/2013 reported the pre functional restoration treatment for the Beck Hopelessness Scale rated 3 and the post treatment rated 5. The Beck Anxiety Inventory pre treatment revealed 27 and post treatment rated 11, and Beck Depression Inventory pretreatment rated 20 and post treatment rated 7. The progress report noted active range of motion to shoulder began as full bilaterally with hesitation on the left and at the end of treatment was full bilaterally, shoulder reach behind began as full bilaterally (hesitant on the left) and post treatment was full bilaterally. Wrist flexion was noted to be full to the right and unable to test the left, and post treatment was full to the right, limited by 25% to the left. Wrist extension was noted to be full to the right, unable to test to the left, and post treatment with noted to be full to the right, limited by 25% to the left. Neck flexion was noted to start at 75% and post treatment was 85%. The treatment note indicated the injured worker had learned how to significantly reduce and control her mood symptoms (anxiety, depression) and appeared to have had a change in perspective over the course of treatment. She carried a much more positive attitude and fighting to stay active, no longer letting the pain control her mood. The documentation provided indicated the injured worker clearly demonstrated consistent physical and functional progress, as well as remaining impairments that would be appropriately addressed with continued physical therapy intervention. The request for authorization was not submitted within the medical records. The prospective request for 24 functional restoration program

sessions (120 hours) is to increase sustained attention through cognitive exercises and focus on back to work goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 24 FUNCTIONAL RESTORATION PROGRAM SESSIONS (120 HOURS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, page 49 Page(s): 49.

Decision rationale: The injured worker has received a previous 160 sessions from a functional restoration program. The MTUS Chronic Pain Guidelines recommend a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of the disability and other known risk factors for loss of function. The documentation provided for review reported the injured worker did make subjective and objective functional gains; however, the guidelines recommend no more than a 2 week treatment and the request for 120 hours for a functional restoration program exceeds the MTUS Chronic Pain Guidelines' recommendations. Therefore, the request is not medically necessary and appropriate.