

Case Number:	CM13-0028690		
Date Assigned:	12/11/2013	Date of Injury:	01/21/2007
Decision Date:	02/27/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/24/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 52 year old woman who sustained a work related injury on January 21, 2007. She subsequently developed chronic neck and back pain. She also suffered from myofascial pain, shoulder pain, anxiety and depression. She underwent a right shoulder rotator cuff repair on June 2007, left rotator cuff surgery on December 2007, bilateral carpal tunnel injections, physical therapy and medications with some pain and functional relief. According to the note dated on August 20, 2013, the patient continued to have neck pain with limited shoulder range of motion. Multidisciplinary team evaluation documented severe anxiety and depression. The provider is requesting authorization for ██████████ functional restoration program for accident of 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Functional Restoration Program, QTY: 160 hours:** 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 (functional restoration programs) Page(s): 64-66.

Decision rationale: Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Furthermore, MTUS guidelines stated that Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the request of 160 hours restoration program should not be considered until there is a documentation of subjective and objective evidence of efficacy of 2 weeks program. Therefore, the request for [REDACTED] Functional Restoration Program, QTY: 160 hours is not medically necessary.