

Case Number:	CM13-0028750		
Date Assigned:	04/25/2014	Date of Injury:	03/25/2010
Decision Date:	06/10/2014	UR Denial Date:	09/09/2013
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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 58-year-old male presenting with chronic pain following a work-related injury on March 25, 2010. The claimant was diagnosed with bilateral hip osteoarthritis, hip and thigh injury not otherwise specified, pain in the pelvis/thigh joint, and pain in the shoulder joint. The claimant is status post several surgeries: right shoulder arthroscopy and subacromial decompression on January 31, 2011; right total hip arthroplasty on August 22, 2011; and left total hip arthroplasty on January 7, 2013. The physical exam was significant for tenderness to palpation over the lower lumbar paraspinal muscles from approximately L3-L5, mild limitation in range of motion of the lumbar spine primarily on flexion and extension limited to approximately 10°, well-healed surgical scars over the lateral aspects of both hips, mild limitation in range of motion of the hips bilaterally on flexion and extension which is limited by approximately 25% of normal, internal and external rotation of hips limited by approximately 10% of normal, well-healed right shoulder arthroscopic surgical scars with limitation to approximately 160°, well-healed arthroscopic surgical scar over the left knee, and slightly antalgic with weight-bearing favored on the right leg. The enrollee's medications include Nabumetone, Buprenorphine, Norvasc, metformin, and Vicodin. On August 27, 2013 the enrollee completed 80 hours of a functional restoration program. The report noted psychological improvement. The enrollee continues to use Buprenorphine and Vicodin 10mg on rare occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL COURSE AT THE [REDACTED]
[REDACTED] FOR 80 HOURS: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-49.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The MTUS guidelines further state that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness. Regardless, the claimant previously completed 80 hours of a functional restoration program, and it was noted that there was psychological improvement; therefore additional treatment is not required, and the request is not medically necessary.