

Case Number:	CM13-0042296		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2008
Decision Date:	05/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/17/2013

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 & 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 patient is an employee of [REDACTED] and has submitted a claim for multiple joints involvement with continuous trauma injuries to cervical spine, thoracic spine, lumbar spine, both shoulders, both wrists, both hips, both knees and both ankles with a rule out of osteoarthritis vs. rheumatoid arthritis associated with an industrial injury date of 02/09/2008. Treatment to date has included total knee arthroplasty in April 2012, arthroscopic lysis of adhesion on 08/02/2013, physical therapy, knee wrap around brace, and medications including Vitamin D3, Prilosec, Lyrica, Vicodin, Norco, Celebrex, and Motrin. A utilization review from 09/12/2013 denied the request for functional restoration program full day/2 week trial period because there was no documentation of other lower levels of care attempted to address pain coping skills and psychological issues, such as individual psychotherapy. No specific return-to-work was in place and the patient was reported as having low motivation that would not support the need for this program. Medical records from 2012 to 2013 were reviewed showing that patient complained of neck, shoulders, hips, ankles, and low back pain graded 9/10 in severity and described as sharp and radicular in nature. Exacerbating factors included bending, standing, and walking. Relieving factors were lying down and intake of medications. The patient had moderate difficulty performing self-care and personal hygiene; while the patient reported severe difficulty in physical activities, non-specialized hand activities, travel, sleep, and sexual function. Physical examination showed tenderness at the acromioclavicular joint bilaterally, including the supraspinatus and bicipital groove; bony prominence of bilateral elbows, bilateral trochanteric area, parapatellar area, paracervical, parathoracic from T3 to T7 muscles, and left sacroiliac joint. Range of motion of left shoulder measured 120 degrees towards abduction and forward flexion; and 70 degrees towards internal rotation bilaterally. Elbow range of motion towards flexion was limited to 140 degrees, bilaterally. Range of motion of right knee flexion was limited to 110

degrees and 120 degrees at left. Range of motion of cervical spine was limited to 60 degrees towards flexion, 10 degrees towards extension and right lateral flexion. Range of motion of lumbar spine was limited towards flexion at 40 degrees, and extension at -5 degrees. There was lateral glide on the right patella 40% from midline. Motor strength was graded 5/5 at all extremities. Deep tendon reflexes were equal and symmetric. Positive impingement test was positive at the left shoulder. Provocative test at the left wrist was positive. Sensation was decreased to light touch to the left thumb area due to healed laceration.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional restoration program (full day/2 week trial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As stated on pages 31-32 of the MTUS Chronic Pain Guidelines, criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, etc. The ODG Pain Chapter states that there is little research as to the success of return to work with functional restoration programs in long-term disabled patients (>24 months). In this case, the rationale given for this request is to improve pain, psychological function, as well as to decrease usage of pain medications. A functional capacity evaluation was performed in 09/05/2013. The medical necessity for this program has not been established because the date of injury is 2008 which is beyond the duration of time recommended by the Guidelines as stated above. Therefore, the request is not medically necessary and appropriate.