

Case Number:	CM13-0053409		
Date Assigned:	04/25/2014	Date of Injury:	12/28/2010
Decision Date:	06/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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:

This 52 year-old patient sustained an injury on 12/28/10 while employed by [REDACTED]. Request under consideration include Functional Restoration Program, 10 Sessions. The multidisciplinary functional restoration evaluation of 10/29/13 noted the patient with complaints of right upper extremity including neck pain radiating down side; shoulder pain; upper arm pain; elbow, forearm, and hand pain rated at 9/10. The patient did not report any significant anxiety symptoms; considers herself disabled and avoid taling to former coworkers. Psychiatric testing resulted in "normal to mild range" in score for catastrophic thinking, sleepiness scale and physical activity with incomplete scoring for work activity. The Oswestry noted mild to moderate pain disability index and Hamilton depression scale noted mild range for symptoms of depression. Current medications list Naprosyn, Cymbalta, Trazodone, Pennsaid, and Omeprazole. The patient is stauts/post right and finger surgery, carpal tunnel release, 7/19/13. MRI of right shoulder on 6/4/12 showed no rotator cuff tear, moderate tendinopathy, AC degenerative changes with 2-3 mm spur at AC joint; MRI of c-spine on 4/17/12 showed 2-3 mm disc protrusion at C5-6 with left foraminal stenosis without spinal stenosis; EMG/NCS of 3/10/11 showed mild to moderate CTS. Conservative care has included trigger point injections, carpal tunnel injections, steroid injections for wrist and 2-3 psychotherapy visits. FRP is to increase level of function and be more independent with ADL. The request for FRP was non-certified on 11/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, 10 SESSIONS: Upheld

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

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to return to work with continued non-tapering of medication use. The functional restoration program, 10 sessions is not medically necessary and appropriate.