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| Case Number: | CM13-0060280 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/18/2012 |
| Decision Date: | 03/27/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 49 year old female with date of injury on 10/18/2012. Patient has been treated for ongoing work related injuries to the neck, shoulder and thoracic spine. Patient has diagnoses of shoulder/arm sprain, cervical degenerative disc disease, cervical sprain and right upper extremity strain. Subjective complaints include neck, shoulder and upper extremity constant pain rated 6/10, aggravated by prolonged standing or repetitive movements. Physical exam revealed decreased cervical and right shoulder range of motion, and tenderness in cervical paraspinal muscles, trapezius, and right rhomboid. Upper extremity strength and reflexes were intact. Treatments have included rest, medication, and physical therapy. Documentation noted patient was not tolerating outpatient physical therapy due to pain, is limited to a subsedentary level of activity, remains on opioid treatment, and is not a surgical candidate. Records explain that patient has inability to drive long distances daily due to pain and decreased cervical range of motion, and the location of functional restoration program is 110 miles round trip from patient's home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 10 Days / 2 weeks / 5days / 6hrs a day [REDACTED]

[REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-34.

Decision rationale: CA MTUS identifies specific criteria for inclusion in a functional restoration program. These include adequate and through prior investigation, failure of previous treatment modalities, significant loss of independent function, not a surgical candidate, and patient exhibits motivation to change. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patient has also received a functional restoration evaluation which determined patient was a candidate for treatment. The submitted documentation demonstrates that this patient fulfills all these criteria. Therefore, the use of a functional restoration program for 2 weeks is medically necessary.

Transportation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: Initial utilization review denied certification for transportation, due to submitted reports not discussing the need for transportation. Current submitted documentation indicates that patient would have to drive 110 miles round trip daily. It was noted that with the intensity of the program it would be difficult for patient to engage in several hours of driving daily. CA MTUS while silent on specific criteria for non-emergent transportation it does indicate that activities causing an increase in stress on the neck tend to increase neck symptoms. Activities and postures that increase stress on the neck, including driving, may require modification. Based on this guideline and the distance and frequency of driving that would be required for this restoration program, transportation is medically necessary.