

Case Number:	CM14-0000923		
Date Assigned:	01/22/2014	Date of Injury:	09/21/2009
Decision Date:	06/06/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Pain Management, 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 a 50 year old with an injury date of September 21, 2009. Based on the December 5, 2013 progress report provided by [REDACTED], the patient complains of "ongoing pain the right anterior and superior aspect of the shoulder. Her pain does radiate into the right side of the neck and right upper back. She has frequent pain radiating from the right side of the neck into the right posterior aspect of the arm, posterior and medial aspect of the forearm and into the right middle and ring digits. She does have occasional left shoulder pain but not as severe as the right. She does have frequent pain in the right anterior aspect of the chest at the sternoclavicular junction." The patient is diagnosed with the following chronic right shoulder pain status post right shoulder arthroscopic repair April 30, 2010, myofascial pain in the right side of the neck and upper back, multilevel degenerative changes of the cervical spine, bilateral carpal tunnel syndrome, right greater than left (mild), reactive depression, and pain related insomnia. Electrodiagnostic studies of the upper extremities revealed mild to moderate carpal tunnel syndrome and mild left carpal tunnel syndrome. The patient has had a right arthroscopic surgery on April 30, 2010 and a tubal ligation/right shoulder rotator cuff repair (May 2010). She is currently taking Gabapentin, Topical Capsaicin, Protonix, and Voltaren gel applied to the right shoulder. [REDACTED] is requesting for 160 hours of treatment functional restoration program. The utilization review determination being challenged is dated December 26, 2013 and recommends denial of the functional restoration program. [REDACTED] is the requesting provider and provided treatment reports from September 11, 2013 to January 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 HOURS OF TREATMENT FRP (FUNCTIONAL RESTORATION PROGRAM):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

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

Decision rationale: According to the December 5, 2013 report by [REDACTED], the patient presents with chronic right-sided neck, upper back and right shoulder pain. The request is for 160 hours of treatment functional restoration program. The patient has failed conservative treatment and was unable to return to work. "She does not take much pain medication and wishes to learn how to better cope with her chronic pain without medication usage. Goals of the program would include decreasing her medication usage, improving range of motion of the right shoulder, improving her ability to use her right arm in simple activities." The Chronic Pain Medical Treatment Guidelines do support the Functional Restoration Program and allows up to initial 2 weeks of program and additional treatments with documentation of improvement. However, before an FRP (functional restoration program) can be started certain documentations are required including the patient's motivation to improve and return to work, and meet the patient selection criteria outlined according to the Chronic Pain Medical Treatment Guidelines. Before a ten day program can be authorized, the patient must be fully evaluated for selection criteria as outlined according to the Chronic Pain Medical Treatment Guidelines. All of the following criteria must be met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The Chronic Pain Medical Treatment Guidelines states functional restorations are indicated only after adequate and thorough evaluation has been made. An evaluation must first take place and address certain issues like motivation to change or negative predictor to success, before treatment is recommended. Furthermore, the Chronic Pain Medical Treatment Guidelines allow for initial two weeks or 80 hours of treatment and more with functional improvement. The current request for 160 hours exceeds what is recommended by the Chronic Pain Medical Treatment Guidelines. The request for 160 hours of treatment at Northern California Functional Restoration Program is not medically necessary or appropriate.