

Case Number:	CM14-0002246		
Date Assigned:	05/16/2014	Date of Injury:	10/11/2010
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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 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:

The patient is a 32 year old female with an injury date of 10/11/10. Based on the 12/09/13 progress report provided by [REDACTED], the patient complains of pain and discomfort involving her neck, right shoulder, and right upper extremity. There is decreased right shoulder range of motion with positive rotator cuff impingement of right shoulder. There is decreased cervical range of motion and a myofascial trigger point in cervical paraspinal musculature. The patient's diagnoses include the following: 1. Repetitive shoulder sprain/strain injury. 2. Repetitive strain injury. 3. Myofascial pain syndrome. 4. Right shoulder rotator cuff injury. 5. Right lateral epicondylitis. 6. Right forearm pain. [REDACTED] is requesting for 2 weeks of functional restoration program. The utilization review determination being challenged is dated 01/02/14. The rationale was that the psychological evaluation did not provide a baseline to assess objective improvement with the patient's psychological condition. It was unclear if the patient was a candidate for surgery or other treatments and the treating provider did not indicate whether the patient exhibited motivation to change. [REDACTED] is the requesting provider, and he provided treatment reports from 01/09/13- 12/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) WEEKS OF FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN PROGRAMS Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL RESTORATION PROGRAMS (FRPs).

Decision rationale: According to the 12/09/13 report by the treating provider, the injured worker presents with pain and discomfort involving the neck, right shoulder, and right upper extremity. The request is for 2 weeks of functional restoration program. The 12/11/13 functional restoration program evaluation report states that "The patient has been treated with physical therapy and medications (no specific medications mentioned); however, her pain persists. [The injured worker] would benefit from a multidisciplinary program such as FRP where the injured worker can learn to relax and develop better coping skills. The injured worker will be able to strengthen the body and increase functionality while decreasing pain." The MTUS guidelines pg. 49 recommend functional restoration programs and indicate it may be considered medically necessary when all criteria are 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 negative factors include the following: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. In this injured worker, the evaluation does not discuss the injured worker's motivation to change and there is no discussion regarding the negative factors. Without these discussions, MTUS does not support functional restoration program. Recommendation is for denial.