

Case Number:	CM14-0006753		
Date Assigned:	02/07/2014	Date of Injury:	08/05/2012
Decision Date:	06/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/17/2014

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 Occupational Medicine 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 right shoulder and right upper back pain associated with an industrial injury date of August 5, 2012. Treatment to date has included medications, chiropractic treatment, right shoulder surgery, post-operative physical therapy, and home exercise program. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder and right upper back pain, worsened by lifting and improved by movement, pain medication, and lying on her back. She also reported depression. On physical examination, the right shoulder revealed well-healed surgical scars. There was pain over the rotator cuff and range of motion was limited in all planes. There was decreased grip strength on the right and decreased motor strength of the elbow and shoulder. On examination of the spine, there was tenderness over the thoracic paraspinals, primarily on the right. Psychological testing revealed increase in depression and anxiety scores. Utilization review from December 19, 2013 denied the request for initial evaluation at [REDACTED] because the medical necessity of the proposed intervention was not established. Another utilization review from January 23, 2014 denied the request for initial interdisciplinary evaluation because although the patient was found to have depression, there was no medical need for the patient to enter a functional restoration program solely for the treatment of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: According to page 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing has been made; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, an appeal dated January 13, 2014 stated that the request for an evaluation for a functional restoration program was made because the requesting physician thinks that the patient will benefit from an evaluation by a team which includes a physician, psychologist, and physical therapist to address her chronic pain which has impacted the patient physically, socially, and psychologically. However, the medical records showed no evidence of failure of previous treatment strategies or absence of other options. In a progress report of a treating psychologist dated August 13, 2013, cognitive behavioral therapy, biofeedback, and antidepressant medications were recommended but the medical records did not address whether the patient was able to undergo these treatments. Furthermore, the medical records failed to show whether the patient had significant loss of inability to function independently. Negative predictors of success have not been addressed as well. The criteria were not met; therefore, the request for Initial Evaluation for Functional Restoration Program is not medically necessary.