MAXIMUS Federal Services

Case Number:	CM14-0007655		
Date Assigned:	02/10/2014	Date of Injury:	01/21/2007
Decision Date:	08/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has submitted a claim for chronic bilateral shoulder pain, bilateral carpal tunnel syndrome, myofascial pain in the neck and upper back, chronic pain syndrome and reactive depression associated from an industrial injury date of January 21, 2007. Medical records from 2012-2014 were reviewed, the latest of which dated January 7, 2014 revealed that the patient presents with chronic neck and shoulder pain. She has completed the functional restoration program and has received good benefit. However, she states that her antidepressant medication was not authorized and patient has been without this medication for about a month. Patient reported increase in depressive symptoms and anxiety. She denies any suicidal ideation but continues to feel that her present depressive symptoms have been worsening. On physical examination, patient's mood and affect were appropriate. Treatment to date has included left shoulder arthroscopic rotator cuff repair (12/10/07), right shoulder arthroscopic rotator cuff repair (6/11/07), carpal tunnel cortisone injections, functional restoration program, cognitive behavioral therapy, physical therapy, acupuncture, home exercise program, and medications that include Tylenol No. 3, Wellbutrin, Lidoderm patch, Baclofen, Celebrex, Ultracet, Voltaren gel, Robaxin, gabapentin and Nucynta. Utilization review from January 17, 2014 denied the request for 6 Aftercare Sessions of the [redacted] FRP ([redacted] Functional Restoration Program) because the claimant has completed the 6 weeks of functional restoration program and appears to have the tools needed to continue on her own with a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 AFTERCARE SESSIONS OF THE NCFRP ([redacted] FUNCTIONAL RESTORATION PROGRAM): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional Restoration Program) Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Functional Restoration Program.

Decision rationale: According to pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, continued functional restoration program (FRP) participation is supported with demonstrated efficacy as documented by subjective and objective gains. Additionally, guidelines state that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. In addition, the Official Disability Guidelines state that treatment post functional restoration program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. In this case, the patient was able to complete participation in a functional restoration program for six weeks and has received good benefit. The records state that six sessions of aftercare treatment were requested so that the patient can consolidate the gains she made and make a successful transition into the context of her everyday life. In the most recent clinical evaluation, however, the patient reported increase in depressive symptoms and anxiety. A reevaluation is needed to determine if the patient needs extension of functional restoration program for the said symptoms prior to aftercare sessions. Therefore, the request for 6 Aftercare Sessions of the [redacted] FRP ([redacted] Functional Restoration Program) is not medically necessary.