

Case Number:	CM14-0102659		
Date Assigned:	07/30/2014	Date of Injury:	10/11/2013
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Practice 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:

41 yr. old male claimant sustained a work injury on 10/11/13 involving the upper extremities, He was diagnosed with carpal tunnel syndrome, rotator cuff tear of the right shoulder and wrist tendonitis. A progress note on 3/12/14 indicated the claimant had decreased tendon reflexes in the upper extremities. There were spasms in the right rotator cuff region. Speed's and Supraspinatus test were positive. Tinel's test was positive in both wrists and there was tenderness in both wrists. The claimant was noted to have improved in function after completing 7 physical therapy sessions. The treating physician requested a functional capacity evaluation and work hardening program to investigate the possibility of light work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Eval: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP) and Page(s): 49.

Decision rationale: According to the MTUS guidelines, FRP is recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs.

Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Based on weak evidence and that the claimant is improving with therapy, the functional capacity evaluation is not medically necessary.