MAXIMUS Federal Services

Case Number:	CM14-0107203		
Date Assigned:	08/01/2014	Date of Injury:	06/08/2011
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 and is licensed to practice in Maryland. 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 34 year male old with a work injury dated 6/8/11.The diagnoses include cervical and lumbar strain, history of right radial distal forearm fracture, sciatica. Under consideration is a request for a functional Restoration Program times 160 hours from 6/30/14-8/8/14. There is a 2/12/14 pain consultant document that states that on the date of injury the patient fell down a sloped roof, gaining speed, and then fell a distance of around 10 feet. He was referred for medical treatment, which he reports involved apparently casting for a fracture of his light upper extremity and he did undergo a right wrist arthroscopy with improvement in range of motion but still with significant pain. He has had chiropractic treatment and PT in the past but continues to remain symptomatic. He does continue to experience lower back pain with radiation of pain and radicular symptoms into his right lower extremity that extends below the knee. He also complains of neck pain with radiation of pain and radicular symptoms into his bilateral upper extremities. There is a 6/20/14 request for reconsideration for admission into a functional restoration program. The document states that the patient suffers from persistent neck, low back and wrist pain. He is hopeful to return to work in his prior capacity, but given his current limitations and painful condition, he does not think that he can return to work as a roofer. He does continue to utilize Norco 10/325 mg 1 tab TID with benefit. On examination of the neck, there is tenderness to palpation over the right posterior cervical paraspinal muscles from approximate levels of C3 through C6. Cervical extension was more painful than flexion and limited to approximately 30 degrees. Flexion was well tolerated to 50 degrees. Lateral rotation of the head to both the left and the right were well tolerated. On examination of the upper back, he had tenderness to palpation of the right trapezius and the right medial bonder of the scapula primarily at the superior aspect. On examination of the right wrist, there were two well-healed arthroscopic surgical scars over the dorsal wrist. There is tenderness to palpation over the right

ulnar aspect of the wrist, as well as the dorsal aspect. He had some limitation in range of motion of the right wrist on attempted movements on flexion and extension. On examination of the lower back, he had tenderness to palpation over the low lumbar paraspinal muscles from approximately levels of L3 through LS, worse on the right than the left. There was decreased and painful lumbar range of motion. The straight leg raising test was slightly positive on the right. Deep tendon reflexes were 2+ in the upper and lower extremities. His gait was slightly antalgic with weight bearing favoring the left leg. He was able to ambulate without assistance. The document stated that the patient does have significant functional limitations and work restrictions. He has difficulty standing for greater than five minutes and difficulty walking for more than one to two blocks before needing rest. He does continue to report ongoing right ulnar wrist pain. The pain is constant and rated 5/10 on VAS. This does worsen with any attempted repetitive gripping and grasping. He does continue to report some weakness in right hand grip strength. In reviewing the psychologicalreport dated 5/29/14, it was noted that the patient complains that his chronic pain symptoms havenegatively impacted his ability to perform a number of activities of daily living including working, engaging in hobbies, maintaining a normal sex life. His strategies for managing his chronic pain include becoming irritable, lying down and taking medication. He has significant work restrictions currently. He does not have negative predictors of success in the program and he is motivated to participate in the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 160 hours from 6/30/14-8/8/14: 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 Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: Functional Restoration Program (FRP) times 160 hours from 6/30/14-8/8/14 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The guidelines do not recommend an entire functional restoration program at one time but rather a 2 week trial with demonstrated efficacy. The request for a Functional Restoration Program (FRP times 160 hours from 6/30/14-8/8/14) is not medically necessary.