

Case Number:	CM14-0109004		
Date Assigned:	08/01/2014	Date of Injury:	05/28/2013
Decision Date:	09/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/14/2014

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 Rehabilitation & 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 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 43-year-old female with an injury date of 05/28/2013. According to the 06/04/2014 progress report, the patient complains of an increased amount of sharp, stabbing pain across her right shoulder and right elbow. She rates her pain as an 8/10 to 9/10 and has a burning achy feeling, as well as dyspepsia and nausea. She has functional deficits and needs help with cooking, cleaning, bathing, dressing, and grooming secondary to weakness of the hand. She is tender to palpation in the lateral epicondyle region of her right elbow. Regarding the shoulder, the patient had a positive Hawkins' test, positive apprehension test on the right, and a positive speed test. In regard to the elbows, hand, and wrist, the patient had a positive Tinel's and a positive Finkelstein's test on the right. The patient's diagnoses include the following: 1. De Quervain's tenosynovitis. 2. Bicipital tenosynovitis on the right compensatory consequential injury on the left. 3. Bilateral carpal tunnel syndrome. The request is for a Function Restoration Program evaluation. The utilization review determination being challenged is dated 06/20/2014. Treatment reports were provided from 05/28/2013 - 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Function Restoration Program Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS page 49 has the following regarding functional restoration program: Functional restoration programs (FRPs) Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. 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. (Bendix, 1998) 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. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) 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. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs Page(s): 49.

Decision rationale: According to the 06/04/2014 progress report, the patient complains of increased amount of sharp, stabbing pain across her right shoulder and her right elbow. The request is for a Function Restoration Program evaluation. MTUS Guidelines page 49 recommends functional restoration programs for chronic pain. A 2-week program is recommended if all of the criteria are met. In this case, the request is for an evaluation to determine the patient's candidacy for a functional restoration program. Given the patient's chronic right shoulder and right elbow pain, The request is medically necessary.