MAXIMUS Federal Services

Case Number:	CM14-0109596		
Date Assigned:	08/01/2014	Date of Injury:	03/08/2009
Decision Date:	10/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 a 43-year-old male who has submitted a claim for chronic shoulder pain and adjustment disorder with mixed anxiety and depressed mood secondary to chronic pain associated with an industrial injury date of March 6, 2009. Medical records from 2014 were reviewed, which showed that the patient complained of constant throbbing pain in the left shoulder and numbness in the anterior left thigh. Physical examination showed tenderness to moderate depth of palpation over the posterior shoulder. The left shoulder active range of motion was as follows: flexion and abduction at 90 degrees, and external rotation at 45 degrees. The patient appeared to be experiencing symptoms of depression and anxiety. Functionally, although the patient is able to perform self-care activities, he is unable to return to work due to levels of pain and impairment. Treatment to date has included medications, arthroscopic acromioplasty with Mumford procedure and rotator cuff repair, cortisone injections, physical therapy and pain medications. The patient underwent a comprehensive interdisciplinary evaluation for treatment of chronic pain at SPMI, including a medical, functional/physical therapy and behavioral medicine/health psychology component. Utilization review from June 24, 2014 denied the request for Functional restoration program (20 days plus 6 monthly follow ups) because the 20 days being requested would be in excess of the guideline recommended 10 initial sessions when the patient should be evaluated to determine overall progress. The UR also mentioned that the 6 month follow-ups are unnecessary because the patient will be monitored in the functional restoration program on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (20 days plus 6 monthly follow ups): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

Decision rationale: As stated on pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient underwent a comprehensive interdisciplinary evaluation for treatment of chronic pain at SPMI, including a medical, functional/physical therapy and behavioral medicine/health psychology component. Functionally, although the patient is able to perform self-care activities, he is unable to return to work due to levels of pain and impairment. Based on the available reports, the patient is not a candidate for surgery or other invasive interventions. Additionally, the patient wishes to avoid additional options of surgery due to fear of complications or further delays in recovery. At the time of the initial evaluations, the patient expressed very high interest and motivation to participate in rehabilitative treatment. All negative predictors of success were also satisfied. The patient is a good candidate for functional rehabilitation program. According to the guidelines, the total treatment duration should generally not exceed 20 full-day sessions. The number of sessions being requested is exactly three. However, the request also asks for 6 monthly follow-ups. The guidelines state that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Although the follow-ups may not necessarily be for treatment purposes, the rationale for having extra 6 follow-ups was neither supported by the guidelines nor explained by the provider. Therefore, the request for Functional restoration program (20 days plus 6 monthly follow ups) is not medically necessary.