

Case Number:	CM14-0019988		
Date Assigned:	06/11/2014	Date of Injury:	09/15/2010
Decision Date:	07/14/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation 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 injured worker is a 49-year-old female who reported an injury on 09/15/2010; the mechanism of injury was a fall. Within the clinical note dated 12/19/2013 it was noted that the injured worker was in the sixth week of a Functional Restoration Program. It was noted the injured worker continued to show reduced overall pain and an improved sense of well-being. It was indicated that improvement in function and ability to self-manage her pain without the use of analgesic medications would continue with the participation in physical therapy, cognitive therapy and educational sessions. The provider indicated the injured worker discontinued the use of Flexeril and continued to take tramadol and naproxen as needed for pain but would attempt a reduction for the next followup visit. Within the clinical note it was indicated that the injured worker had been participating well in the program and that she had formed positive relationships with other group members and demonstrated that she had retained information presented in both psychology classes and the gym. The injured worker continued to have tightness in her neck, which contributed to tightness in her lower back. The injured worker continued to suddenly progress in the program and was motivated to improve her condition and she continued to be independent in the gym with all functional activities and was quick to apply information in order to maintain proper body mechanics. She had increased her overall strength and endurance, which translated to an increased overall functional capacity. However, it was noted that she continued to have limitations with shoulder range of motion and upper extremity strength, secondary to past injuries to her rotator cuff tendons. Despite the limitations in her upper extremity, she was able to incorporate non-pharmacological pain management tools in order to gradually increase her range of motion, strength, and endurance in her upper extremity. The provider noted that the injured worker's baseline lifting overhead (waist to above shoulders) on 11/11/2013 was 6 pounds for 13 repetitions and on 12/15/2013 it was 9 pounds for 30

repetitions. The injured worker's baseline carrying single hand dated 11/11/2013 was 4 pounds 35 times 7 and on 12/15/2013 it was 6 pounds 35 feet times 10. The injured worker's baseline double hand carry on 11/11/2013 was 4 pounds 35 times ten and on 12/15/2013 it was 8 pounds 35 times 8. The injured worker's baseline weights for exercises baseline on 11/11/2013 was not attempted, on 12/15/2013 it was 5 pounds with red theraband. The injured worker's baseline flare-up management baseline 11/11/2013 was fair and on 12/15/2013 it was good and on pacing baseline dated 11/11/2013 was fair and on 12/15/2013 it was good. The treatment plan for the physical therapy aspect included continuation of focus on re-enforcement with pacing and mindfulness of body movement during exercises, weights for functional lifting to be increased by 3 to 5 pounds as tolerated and upper extremity exercise intensity on the TRX to be continued as tolerated. The request for authorization for additional 2 days of Functional Restoration Program was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 2 DAYS OF FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). The guidelines note total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In the clinical notes provided for review, it is noted that the injured worker participated in a Functional Restoration Program for a total of 6 weeks (120 hours). It is also noted that the injured worker was able to reduce her overall pain and improve her sense of well-being. The injured worker made overall progress in the physical component of the restoration program. The guidelines state that total treatment duration should generally not exceed 20 full day sessions or the equivalent in part day sessions if required by part time work, transportation, child care, or comorbidities. The guidelines also state that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The clinical notes did not indicate the rationale or exceptional factors to warrant an additional 2 days of Functional Restoration Program. Therefore, the request for additional 2 days of Functional Restoration Program is not medically necessary and appropriate.

