

Case Number:	CM14-0129607		
Date Assigned:	08/20/2014	Date of Injury:	02/25/1999
Decision Date:	09/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Practice and is licensed to practice in Texas and Massachusetts. 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 47-year-old female who reported an injury on 02/25/1999. The mechanism of injury was not provided. In 07/18/2014, the injured worker presented with intermittent neck, shoulder and the right medial forearm pain. Prior surgical history included a right carpal tunnel release in 2001. The medications included Motrin. Diagnoses were cervical radiculopathy, cervical sprain/strain, shoulder sprain/strain, tendinitis, chronic pain and depression. Upon examination, the injured worker is able to lift 5 pounds from the floor to waist and 5 pounds from the waist to shoulder height. She is also able to carry 4 pounds in her bilateral hands while ambulating for 50 feet. Prior therapy included a strengthening and stretching program, get in a Functional Restoration Program, medications, and surgery. The provider recommended Functional Restoration Program, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: 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 (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The request for Functional Restoration Program is not medically necessary. The California MTUS state that adequate and thorough evaluation needs to be made including baseline functional testing so that follow-up with the same test can note functional improvement, previous methods of treating chronic pain to have been unsuccessful and there is absence of other options likely to result in significant clinical improvement. Injured worker should have had significant loss of ability to function independently resulting from chronic pain and the injured worker is not a candidate where a surgery or other treatments would be clearly warranted. The injured worker must also exhibit motivation to change. Negative predictors of success should also be addressed. Functional Restoration Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should not generally exceed 20 full day sessions, and treatment duration in excess of 20 sessions require a clear rationale for the specified extension and reasonable goals to be achieved by. There is lack of measurable baseline against which the measured efficacy of the Functional Restoration Program. Additionally, there is lack of evidence the injured worker had failed a trial of conservative treatment to include physical medicine and medication. There is lack of documentation of other treatments the injured worker underwent previously and the measures of progress as well as the efficacy of the prior treatment. As such, the request is not medically necessary.