

Case Number:	CM14-0170113		
Date Assigned:	10/20/2014	Date of Injury:	03/15/2012
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/14/2014

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 Preventive 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:

According to the records made available for review, this is a 48-year-old female with a 3/15/12 date of injury. At the time (9/17/14) of the Decision for Functional restoration program with local hotel stay 8:30-3:00, Mon-Thurs, there is documentation of subjective (left elbow and right wrist pain) and objective (decreased upper extremity range of motion) findings, current diagnoses (right hand pain, left shoulder pain, and myofascial pain), and treatment to date (TENS unit, physical therapy, acupuncture treatment, trigger point injections, and medications). Medical reports identify that the patient has failed conservative care with no relief, and therefore the next step would be to proceed with functional restoration program; patient is not a surgical candidate; patient's daughter does all the home chores and activities of daily living; and a plan for pain psychologist and physical therapist to evaluate the patient. There is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; the patient exhibits motivation to change; and that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program with local hotel stay 8:30-3:00, Mon-Thurs.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 31-32.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of right hand pain, left shoulder pain, and myofascial pain. In addition, given documentation that the patient has failed conservative care with no relief and therefore the next step would be to proceed with functional restoration program, there is documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Furthermore, given documentation that the patient's daughter does all the home chores and activities of daily living, there is documentation the patient has a significant loss of ability to function independently resulting from the chronic pain. Lastly, there is documentation that the patient is not a candidate where surgery. However, despite documentation of a plan for pain psychologist and physical therapist to evaluate the patient, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. In addition, there is no documentation that the patient exhibits motivation to change; and that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Therefore, based on guidelines and a review of the evidence, the request for Functional restoration program with local hotel stay 8:30-3:00, Mon-Thurs is not medically necessary.