

Case Number:	CM14-0173417		
Date Assigned:	10/24/2014	Date of Injury:	06/05/2012
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 and Rehabilitation, has a subspecialty in Internvetional 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 37-year-old female with date of injury of 06/05/2012. The listed diagnoses per [REDACTED] from 07/09/2014 are: 1. Chronic cervical strain, 2. Repetitive strain injury, right upper extremity, 3. Chronic right shoulder strain, 4. Right lateral epicondylitis, 5. De Quervain's tenosynovitis, 6. Right carpal tunnel syndrome, mild, 7. Chronic lumbosacral strain with non-verifiable radiculitis/radiculopathy in the right lower extremities. According to this report, the patient continues to complain of low back pain. She states that it is made worse with sitting for long periods of time. The patient also complains of cervical spine, right shoulder, and elbow pain. A general inspection shows normal spinal curvatures, normal cervical and lumbar lordosis, and thoracic kyphosis. Range of motion around the cervical spine is relatively well preserved. Tinel's sign is positive over the right carpal tunnel. Finkelstein's test is positive on the right. Tenderness was noted over the first dorsal compartment on the right, absent on the left. There is spasm and guarding at the base of the lumbar spine. Straight leg raise causes back pain. Reflexes are 1+ and equal at the patellar and Achilles region. Motor examination is 5+ in regards to leg flexion, extension, and ankle dorsi and plantar flexion, and EHL. The documents include progress reports and FRP reports from 01/22/2014 to 09/12/2014. The Utilization Review denied the request on 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (days) QTY: 10: 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 chronic pain programs (Functional Restoration Program Page(s): 30-33.

Decision rationale: This patient presents with low back, cervical spine, right shoulder, and elbow pain. The treater is requesting a FUNCTIONAL RESTORATION PROGRAM FOR 10 DAYS. The MTUS Guidelines page 30 to 33 on chronic pain programs (Functional Restoration Program) states, "treatment duration in excess of 20 sessions requires a clear rationale for this 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." The records show that the patient has completed a 6-week Functional Restoration Program. The FRP week 3 program report from 03/04/2014 to 03/07/2014 shows that the patient has improved her right upper extremity abduction range of motion to 98 degrees and left lower extremity, hip extension range of motion to -10 degrees. The patient has improved her lower extremity strength as well as her range of motion during squatting. She is able to perform 30% of her range of motion during launch. The patient demonstrates improvement in physical therapy and demonstrates utilization of cognitive behavioral techniques to more effectively and independently manage symptoms of chronic pain, insomnia, depression, and anxiety. The FRP week 4 report from 03/10/2014 to 03/14/2014 shows that the patient continues to show improved awareness of body mechanics to prevent exacerbations of her painful condition. She is able to tolerate stretching and exercise on a daily basis up to 2 hours. The patient is able to maintain her pain medication regimen despite increasing activity levels. She demonstrated consistency in attendance and continued actively working towards current goals and future plans including increased engagement in her community. The patient demonstrated an ability to utilize cognitive behavioral strategies to manage symptoms of pain, insomnia, depression, and anxiety more independently and effectively. The 09/12/2014 report shows that the treater is requesting a retrospective decision for the treatments received on week 5 and week 6 for a total of 10 days. The treater notes that the goals for weeks 5 and 6 include: 1. Improving the patient's overall physical endurance, strength and core stabilization, and improve her functional abilities in the lower back and right side of the neck. 2. Continue to help develop an individual home exercise program aimed at increasing functional abilities in the lower back and right side of the neck. 3. Improve the patient's self-regulation skills, optimize pain medication utilization despite increasing activity levels, utilize strategies for self-management. In this case, the patient has successfully completed a 4-week program. The treater does not discuss proven outcomes and known risk factors for loss of function for continuation of program beyond the 20-day recommendation by the MTUS Guidelines. MTUS allows up to 4 weeks of functional restoration program and the requested 10 additional days is not medically necessary. Recommendation is for denial.