

Case Number:	CM14-0175069		
Date Assigned:	10/28/2014	Date of Injury:	04/21/2014
Decision Date:	12/04/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 American Board of Family Practice 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:

44 year old female claimant sustained a work injury on 4/21/04 involving the left shoulder and back. She was diagnosed with left hand crush injury, left upper extremity neuropathy, left shoulder sprain and lumbar strain. A progress note on 10/3/14 indicated the claimant had continued left shoulder and wrist pain with poor grip strength and numbness in the fingers. Exam findings were notable for tenderness in the lumbar spine, left shoulder and left wrist. Prior MRIs showed minimal effusion in the left glenohumeral joint and a ganglion cyst in the left wrist. The physician requested 12 sessions in a functional restoration program along with acupuncture, chiropractor sessions and oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 supervised functional restoration program sessions for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: According to the guidelines, Functional restoration programs (FRPs) area type of treatment included in the category of interdisciplinary pain programs (see chronic pain

programs). Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. 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 request is for 2 sessions per week over 6 weeks. The time frame exceeds the length of time recommended above before assessing evidence of efficacy. The request for 12 sessions of FRP is not medically necessary.