

<b>Case Number:</b>	CM14-0185859		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of May 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier left shoulder surgery in April 2014; earlier right shoulder surgery in December 2013; earlier knee arthroscopy in August 2014; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 20, 2014, the claims administrator failed to approve a request for an initial 10-day functional restoration program and daily transportation to and from said functional restoration program. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported ongoing complaints of bilateral shoulder pain. A rather proscriptive 2- to 3-pound lifting limitation was in place. The applicant was described as remaining severely dysfunctional. The applicant was reportedly suffering from neck pain, low back pain, and shoulder pain, it was noted. The applicant was using a cane to move about. The applicant stated that her knee surgery was unsuccessful. It was suggested that the applicant would benefit from 10 initial days of attendance at a functional restoration program. The applicant stated that she would not or could not drive owing to her ongoing complaints of knee pain, further noted that her husband was working and was unable to transport her and stated that she would therefore require transportation to and from the functional restoration program. The applicant stated that she was under the impression that she would be receiving "lifelong disability" through the Workers' Compensation system. The applicant was reportedly using Voltaren, Cymbalta, Norco, Flexeril, Zestril, Lipitor, it was stated. The applicant had apparently tried and failed Lexapro, Tylenol, and naproxen. In a psychological assessment dated July 15, 2014, the consulting psychologist stated that the applicant was in the contemplative state of change. The applicant stated that she was not clear and somewhat upset

that she was not getting better following earlier surgical intervention. The applicant was reportedly moderately severely depressed, it was stated. The psychological evaluator stated that the applicant had poor personality traits and "below-average" ability to cope with mental and medical issues. Despite these constraints, the psychologist stated that the applicant could participate in a functional restoration program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Initial 10 Days Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program is evidence that an applicant exhibits motivation to change and is willing to forego secondary gains, including disability payments to effect said change. Here, however, there was no evidence that the applicant was intent on or willing to forego Workers' Compensation indemnity/disability benefits in an effort to try and improve. The applicant apparently stated on an office visit of October 8, 2014 that she was under the impression that she would receive lifelong disability through the Workers' Compensation system. The applicant's further statements to the effect that she was unwilling to drive to the functional restoration program owing to knee pain complaints further suggest that the applicant is not, in fact, intent on maximizing her abilities and minimizing her disability/impairments. The psychologist whom the applicant consulted was, moreover, of the opinion that the applicant had histrionic traits and was a "below average" candidate for the program. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another cardinal criteria for pursuit of a functional restoration program/chronic pain program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, the applicant was described as moderately to severely depressed. It does not appear, thus, that the applicant has maximized and/or optimized psychotropic medication management prior to consideration of the functional restoration program at issue. Therefore, the request is not medically necessary.

**Daily Transportation, Monday through Thursday:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Transportation topic

**Decision rationale:** This is a derivative or companion request, one which accompanies the primary request for a functional restoration program. Since that request is deemed not medically necessary, the derivative or companion request for transportation to and from the functional restoration program/chronic pain program is likewise not indicated. It is further noted that the MTUS Guideline in ACOEM Chapter 5, page 83 further notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes keeping appointment. The transportation to and from the functional restoration program being sought here, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. ODG's Knee and Leg Chapter Transportation topic is further of the opinion that transportation is recommended for medically necessary transportation to appointments in the same community for applicants with disability/impairments which would prevent them from self-transport. In this case, it has not been clearly identified or stated why the applicant cannot drive herself to and from appointments of her own accord, despite her ongoing complaints of knee pain. It has not been stated why the applicant cannot employ public transportation to attend the office visits. This request appears to be driven largely by applicant convenience as it does not appear that the applicant in fact has a medical condition which would prevent self-transport or public transportation-based transport. Therefore, the request is not medically necessary.