

Case Number:	CM14-0022799		
Date Assigned:	02/25/2014	Date of Injury:	06/19/2003
Decision Date:	03/11/2014	UR Denial Date:	02/13/2014
Priority:	Expedited	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This 62 year-old patient sustained an injury on 6/19/03 while employed by [REDACTED]. Request under consideration include URGENT INITIAL EVALUATION FUNCTIONAL RESTORATION PROGRAM. Report of 1/30/14 from [REDACTED] noted medication list as Norco, Voltaren gel, and Ambien. The patient is being treated for neck and bilateral shoulder pain. There is report of aggravation from the cold weather. Objective findings included tightness and stiffness in the neck along with reduced range of motion to the cervical region; motor strength if 5/5 in the upper extremities. Diagnoses included cervical disc injury and sprain/strain; left shoulder rotator cuff injury and sprain/ strain injury. Treatment request is for FRP evaluation to teach the patient coping skill for the chronic pain. Request was non-certified on 2/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT INITIAL EVALUATION FUNCTIONAL RESTORATION PROGRAM:

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 Page(s): 30-34, 49.

Decision rationale: This 62 year-old patient sustained an injury on 6/19/03 while employed by [REDACTED]. Request under consideration include URGENT INITIAL EVALUATION FUNCTIONAL RESTORATION PROGRAM. Report of 1/30/14 from [REDACTED] noted medication list as Norco, Voltaren gel, and Ambien. The patient is being treated for neck and bilateral shoulder pain. There is report of aggravation from the cold weather. Objective findings included tightness and stiffness in the neck along with reduced range of motion to the cervical region; motor strength if 5/5 in the upper extremities. Diagnoses included cervical disc injury and sprain/strain; left shoulder rotator cuff injury and sprain/ strain injury. Treatment request is for FRP evaluation to teach the patient coping skill for the chronic pain. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this 1996 as he has remained not working, on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no psychological evaluation documenting necessity for functional restoration program. The URGENT INITIAL EVALUATION FUNCTIONAL RESTORATION PROGRAM is not medically necessary and appropriate.