

Case Number:	CM14-0029061		
Date Assigned:	06/16/2014	Date of Injury:	08/18/2010
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 18, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; psychotropic medications; and long-acting opioid agents. In a Utilization Review report of February 20, 2014, the claims administrator denied a request for a 160-hour functional restoration program outright. The claims administrator seemingly denied the request on the grounds that the applicant had not had a baseline evaluation prior to pursuit of the program in question. The applicant's attorney subsequently appealed. In a progress noted dated January 7, 2014, it was suggested that the applicant had chronic left shoulder issues. It was stated that the applicant was represented. The applicant was using Colace, Seroquel, Voltaren gel, methadone, glyburide, Metformin, it was stated. It was stated that the applicant had apparently been using marijuana, reportedly on a one-time basis. In a functional restoration program multidisciplinary evaluation report of February 4, 2014, the functional restoration program team reportedly stated that the applicant was unable to return to his usual and customary occupation. It was stated that the applicant was motivated to improve and, moreover, have a large ventral abdominal hernia. The applicant reportedly had hepatic cirrhosis and splenomegaly. It was stated that the applicant has been terminated from his former employment. It was stated that the applicant reported only slight mood changes and denied any overt depressions, anxiety, and/or insomnia. Significantly limited shoulder range of motion was noted with flexion and abduction in the 130-degree range. The applicant was described as having a Global Assessment of Functioning (GAF) of 60, it was separately stated by the mental health evaluator, who did apparently give the applicant a diagnosis of major depressive disorder (MDD). A 20-day functional restoration program was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM X 160 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-2.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, treatment with a chronic pain program/functional restoration program is not suggestive for longer than two weeks without evidence of demonstrated efficacy documented by subjective and objective gains. In this case, however, the attending provider has seemingly sought authorization for the entire, 20 full day 160-hour functional restoration program without provision for an interval assessment of the applicant to ensure appropriate subjective and objective gains. It is further noted that another criteria set forth by the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a chronic pain program includes evidence that there is an absence of other options likely to result in significant clinical improvement. In this case, however, it is not clearly stated why the applicant cannot continue rehabilitation through self-directed home physical medicine, conventional outpatient office visits, psychological counseling, etc. Therefore, the request for functional restoration program for 160 hours is not medically necessary.