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| Case Number: | CM14-0031652 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 03/04/2013 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/12/2014 |

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, and is licensed to practice in Texas and Ohio. 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 injured worker is a 56 year old female with a reported date of injury on 03/04/2013. The mechanism of injury was cumulative trauma. Her previous treatments were noted to include acupuncture, physical therapy and medications. Her diagnoses were noted to include bilateral biceps tenosynovitis, cervical brachial syndrome, and bilateral carpal tunnel syndrome. The progress note dated 05/22/2014 reported the injured worker complained of ongoing pain in the right neck, shoulder, and arm. The pain was described as aching, sharp, severe, throbbing, and radiating, rated 8/10. The injured worker was noted to be able to bathe, clean, cook, dress, drive and groom with some difficulty. The range of motion to the cervical spine was noted to include forward flexion to 20 degrees, extension to 10 degrees, left rotation to 40 degrees, right rotation to 60 degrees, and left/right lateral bending to 10 degrees. Motor strength testing to the bilateral shoulders was rated 4/5. Sensation was noted to be intact to light touch in dermatomes C6-8 bilaterally. Sensation was noted to be intact to light touch in dermatomes L3-S1 bilaterally. Cervical spine flexion and extension were 30 degrees, rotation right and left 60 degrees, and side bending right and left was 30 degrees. The range of motion to the shoulders was noted to be abduction and forward flexion were to 180 degrees bilaterally, internal rotation and external rotation of the shoulder abducted was to 90 degrees respectively, adduction was to 50 degrees bilaterally, and abduction was to 180 degrees. The sensory examination of the upper extremities revealed paresthesias throughout the upper extremities and hyperesthesia with light touch in digits 1 and 3 of the hands bilaterally. The deep tendon reflexes were hyperreflexive at the biceps and triceps bilaterally. The motor strength testing was noted to be 5/5 bilaterally to the shoulder, elbow, and wrist. There was noted to be a positive Spurling's examination equivocal on the right to the cervical spine, a positive Speed's test bilaterally to the shoulders, and a positive Phalen's to the wrists bilaterally. The Request for Authorization form dated 02/19/2014

was for a functional restoration program evaluation due to issues with functioning and concentrating, which has been problematic due to the fact that she is unable to sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines Page(s): 32.

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

Decision rationale: The request for Functional Restoration Program Evaluation is non-certified. The injured worker has failed a self-directed home exercise program, physical therapy, and medications. The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although research is still ongoing as to how most appropriately to screen for inclusion in these programs. The guidelines state functional restoration programs are a type of treatment included in the category of interdisciplinary pain programs and were designed to be used as a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain, and functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. There appears to be little scientific evidence for the effectiveness of multidisciplinary psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. The guidelines state a review suggested there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. It must be noted that all studies used for the review excluded individuals with extensive radiculopathy. The provider reported the injured worker has red flags with persistent pain and weakness in the upper and lower extremities that warrant MRI's of the cervical and lumbar spine, given the fact that she failed to progress with conservative treatment. There is a lack of documentation regarding if the MRI has been completed or results that may change the treatment plan. Therefore, the request is not medically necessary and appropriate.