

Case Number:	CM14-0032356		
Date Assigned:	06/20/2014	Date of Injury:	03/23/2012
Decision Date:	08/13/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 records presented for review indicate that this 44 year-old individual was reportedly injured on 3/23/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 12/4/2013 indicates that there are ongoing complaints of bilateral shoulder pain, lower back pain and hip and left knee/ankle pain. The physical examination demonstrated bilateral shoulders: limited range of motion, positive tenderness to palpation over the posterior aspect of the shoulder, positive Hawkins. Lumbar spine: guarding, limited range of motion, tenderness and spasm of palpation over the bilateral lumbar paraspinal muscles, positive sciatic notch tenderness. Neurological: diminished sensation in the left L5-S-1 dermatomes of the lower extremity. No recent diagnostic studies are available for review. Previous treatment includes chiropractic care, previous sessions of functional restoration program, and medications. A request had been made for functional restoration program #12 days, and was not certified in the pre-authorization process on 2/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, QTY: 12 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: Functional Restoration Programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use 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. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. 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. After review the medical documentation provided the injured worker has participated in a functional restoration program. There are no objective clinical findings necessitating the continued participation in this program. The request for continued sessions in the functional restoration program is deemed not medically necessary.