MAXIMUS Federal Services

Case Number:	CM14-0036238		
Date Assigned:	06/25/2014	Date of Injury:	02/28/1997
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 & 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 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 74-year-old female with a reported date of injury on 02/28/1997. The injury reportedly occurred when the injured worker was hit accidently by a coworker and fell backward onto the concrete. Her previous treatments were noted to include cortisone injections, physical therapy, acupuncture, and medication. Her diagnoses were noted to include mood disorder due to medical condition, adjustment disorder with mixed anxiety and depression, a cervical disc injury, a right shoulder rotator cuff injury, right frozen shoulder, myofascial pain syndrome, and right suprascapular neuropathy. The progress note dated 06/16/2014 reported the injured worker complained of pain to the neck and right shoulder and felt beneficial effect from the functional restoration program. The physical examination noted decreased hand grip strength in the right wrist and hand, and there was improvement noted in the cervical range of motion, as well as motor strength rated 5/5 in the bilateral upper extremities. There were myofascial trigger points noted in the cervical and right shoulder muscle girdle and improvement to the right shoulder range of motion. The physical therapy progress note dated 03/07/2014 from the functional restoration program reported the injured worker had been improving with exercises and strength was rated 4/5 on week 4. The request for authorization form was not submitted within the medical records. The request is for an additional 2 weeks, ten days at the Oasis Pain and Wellness Center's functional restoration program to cope, adjust and adapt with her chronic pain condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional (2) weeks, 10 days at the Oasis Pain & Wellness center functional restoration program: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although research is still going on as how to appropriately screen for inclusion into these programs. Functional restoration programs, a type of treatment included in the category of interdisciplinary pain programs, were geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is a lack of documentation by subjective and objective gains regarding functional improvement with the injured worker's previous therapy in the functional restoration program. The documentation did not show measurable objective functional deficits or quantifiable objective functional improvement with the functional restoration program in regards to range of motion. Therefore, the request is not medically necessary.