

Case Number:	CM14-0040072		
Date Assigned:	04/11/2014	Date of Injury:	01/03/2012
Decision Date:	07/03/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 is a represented [REDACTED] employee who has filed a claim for depression, neck pain, shoulder pain, and fibromyalgia reportedly associated with an industrial injury of January 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated March 5, 2014, the claims administrator denied a request for a two-week functional restoration program. The claims administrator did not, it is incidentally noted, cited guidelines into its decision rationale. The applicant's attorney subsequently appealed. A March 24, 2014 progress note is notable for comments that the applicant was in the process of pursuing a functional restoration program. It was stated that the applicant had to complete a multidisciplinary evaluation session and that the applicant was a good candidate for the program. The applicant did have issues with sleep disturbance, shoulder pain, and muscle spasms. It was stated that the applicant was "disabled." The applicant was using Celebrex, Lidoderm, Mobic, Prilosec, and Voltaren at that point in time, it was stated. The applicant was again placed off of work, on total temporary disability. In a February 17, 2014 progress note, it was stated that the applicant had depression, neck pain, fibromyalgia, and chronic pain syndrome. The applicant was described as having low activity tolerance levels. It was stated that home exercises and shoulder surgery had been unsuccessful. The applicant had not worked since earlier shoulder surgery in 2012. It was stated that the applicant could benefit from the proposed functional restoration program. It was stated that the applicant was struggling to get dressed and was dependent on her boyfriend. It was stated that the applicant was allowing pain to interfere with a variety of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM 5 X WEEK X 2 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SHOULDER COMPLAINTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program include evidence that there is an absence of other options likely to result in significant clinical improvement which could be employed to treat the applicant's chronic pain issues. In this case, the attending provider has not clearly outlined or stated how or why the functional restoration program represents the most appropriate means of treating the applicant's chronic pain and/or depression issues. It is not clear stated why or how lesser levels of care, such as conventional outpatient office visits, psychological counseling, psychotropic medications, etc. cannot be employed here. It is further noted that another criterion for pursuit of functional restoration programs includes evidence that an applicant is motivated to change and/or is willing to forego secondary gains, including disability payments, to effect said change. In this case, however, the applicant is reportedly off of work, on total temporary disability. It is not clearly stated or suggested that the applicant has any intention of returning to the workplace and/or workforce and/or is willing to forego disability payments in an effort to improve. The request for functional restoration program, five times weekly for two weeks, is not medically necessary or appropriate.