

Case Number:	CM14-0041404		
Date Assigned:	06/27/2014	Date of Injury:	03/27/2000
Decision Date:	08/14/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal 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 patient sustained an occupational injury on 3/27/2000 when he was moving a box and he injured his right shoulder. He is status post right shoulder repair with multiple surgeries. He has cervicalgia and cervical dystonia. He underwent a C3-4 and C6-7 artificial disc replacement on 07/31/12. His previous treatments consisted of three right shoulder surgeries and disc replacements at C3-C4 and C6-C7, heat, ice, stretching, rest, massages, anti-inflammatory and pain medications, physiotherapy, shoulder injections, facet blocks and cervical radiofrequency ablation, transcutaneous electrical nerve stimulation (TENS) unit, H-Wave unit and trigger point injections. Progress report dated 02-12-2014 documented objective findings, including alert, oriented, well nourished, cooperative, no distress, right pectoralis tenderness, right shoulder normal range of motion, cervical tenderness and decreased range of motion. Medications included Norco, Zanaflex, Metoprolol. Diagnoses include cervicalgia, left shoulder pain, cervical intervertebral disc degeneration, ulnar neuropathy, depression, myalgia, myositis. Treatment plan included Norco and TENS. Request of authorization for functional restoration program dated 02-26-2014 documented the performance of a multidisciplinary assessment by Asclepius Pain Management, which revealed that the patient has met the MTUS requirements. This was documented in the Asclepius multidiscipline conference report dated 02-18-2014. Utilization review decision date was 03-17-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 Hours of Functional Restoration Programs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM, Occupational Medicine Practice Guidelines, Chapter 6, Pain, Suffering and the Restoration of Function, pg. 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 30-32) states that functional restoration programs (FRP) are recommended where there is access to programs with proven successful outcomes. Patients should meet the MTUS patient selection criteria. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The Asclepius multidiscipline conference report 02-18-2014 documented the performance of a multidisciplinary assessment, which concluded that the patient had met the MTUS requirements for enrollment in a functional restoration program. Twenty full day sessions, equivalent to 160 hours or 4 weeks, were requested. MTUS guidelines limits FRP treatment to 2 weeks, which is equivalent to 80 hours. Thus the request for 160 hours of FRP treatment exceeds MTUS guideline limitations. Therefore, MTUS guidelines do not support the medical necessity of 160 hours of the functional restoration program. Therefore, the request for 160 Hours of Functional Restoration Programs is not medically necessary.