

Case Number:	CM14-0042471		
Date Assigned:	06/30/2014	Date of Injury:	02/22/2012
Decision Date:	08/14/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/08/2014

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 claimant injured her shoulder on 02/22/12. She has been attending a functional restoration program. An additional 3 weeks of the program were requested and the reviewer allowed 2 weeks to be certified and 1 week was non-certified. She appears to be participating in the program with good improvement. She has increased her lifting and carrying abilities. 90 hours over 3 weeks were initially approved. 160 hours are typically recommended to be approved for such programs. Her program started on 02/18/14 and she completed 5 weeks of treatment as of 03/28/14 (150 hours). She had an exacerbation of her pain and was taking pain medications on a p.r.n. basis. She was participating in group sessions. She had increased shoulder irritation that week but she was being managed with stretching and posture work along with ice. She was more somatically focused on her hip as well which had impacted her walking ability. She only tolerated 30 minutes. She was participating in the psychological areas and had made excellent treatment progress. It was recommended that she complete a full 6 weeks in the program. There is no documentation from the program after 03/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient additional functional restoration program time one week: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 82, 63.

Decision rationale: The history and documentation support the request for an additional week of FRP at this time. The MTUS state functional restoration programs (FRPs) 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, were originally developed by [REDACTED]. 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. (Bendix, 1998) A Cochrane review suggests that 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. (Guzman 2001). Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The MTUS further state on page 63 total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the claimant had 90 hours approved over 3 weeks (30 hours per week) and completed two of those weeks (60 hours). It is not known why she did not complete the third week. However, an additional 3 weeks have been requested (assuming another 90 hours or a total of 180 as would be supported by the guidelines) but 2 were approved (60 hours or a final total of 150). Assuming an additional 30 hours during the extra week, this would place the total number of hours approved at 180 including this extra week which is within the guidelines. This week can be recommended as the claimant has made progress but continued to have problems and there is no evidence of noncompliance, lack of response to treatment, or plateau. Therefore, the request for outpatient additional functional restoration program time one week is medically necessary and appropriate.