MAXIMUS Federal Services

Case Number:	CM14-0055445		
Date Assigned:	09/12/2014	Date of Injury:	04/14/2012
Decision Date:	10/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 61-year-old male who reported an injury due to the repetitive use of a pressure washer on 04/14/2012. On 04/02/2014, his diagnoses included bilateral rotator cuff repairs, bilateral labral debridement, recurrent left rotator cuff tear, and bilateral shoulder pain. On 01/29/2014, it was noted that this worker had an initial consultation with a pain management clinic, but he did not continue or follow through with pain management. It was noted that his right shoulder was gradually improving since the surgery in 07/2013. Corticosteroid injections into the left shoulder were requested and approved, but then not given in favor of a recommendation for a PRP (platelet-rich plasma) injection into the left shoulder, which was not approved. The rationale for the functional restoration program was that it was recommended because of the worker's difficulty with pain management. The note went on to state that the examining physician was unsure with respect to the applicant's judgment whether he would pursue and participate in this course of treatment. A Request for Authorization dated 04/07/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-33.

Decision rationale: The request for a functional restoration program (FRP) is not medically necessary. The California MTUS guidelines may recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic, disabling, occupational, musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long term evidence suggests that the benefits of these programs diminish over time. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented in terms of subjective and objective gains. Considering this worker's history of non-compliance, the question was raised as to his commitment to follow through with the requested functional restoration program. Additionally, there was no request for a 2-week trial program to determine baseline functioning and to evaluate this worker's compliance, as suggested by guidelines. Furthermore, the recommendation for a functional restoration program was made due to this worker's pain issues. These programs were designed to emphasize the importance of function over the elimination of pain. Additionally, no time frame was identified. The clinical information submitted failed to meet evidence-based guidelines for functional restoration programs. Therefore, this request for functional restoration program is not medically necessary.