

Case Number:	CM14-0081885		
Date Assigned:	07/23/2014	Date of Injury:	04/17/2011
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 and 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 42-year-old female who reported an injury on 04/17/2001 reportedly while working at the bakery she sustained injuries to her neck, shoulder, and right upper extremities. The injured worker's treatment history included physical therapy, medications, urine drug screen, MRI, trigger point injection, TENS unit, and a Functional Capacity Evaluation. According to the documentation submitted, the injured worker had Functional Capacity Evaluation on 07/03/2013 that recommended the injured worker should have 12 to 24 visits of physical therapy or functional restoration in order to address the rehabilitation goals. The injured worker was evaluated on 05/29/2014, and it was documented that the injured worker complained of joint pain in the right shoulder. The injured worker described her pain as aching, stabbing, cramping, severe, and radiating. The pain was at a 6/10. The pain was constant, lasting throughout the day. The provider noted the pain was relieved by sitting, lying down, massage, medications, and ice. Her functional tolerance was sitting for longer than 25 minutes, standing for longer than 20 to 25 minutes, and walking for longer than 25 minutes. The injured worker noted she had difficulty with bathing, cleaning, cooking, dressing, driving, and grooming. It was noted the injured worker had difficulty sleeping and was unable to concentrate. On physical examination, the injured worker had tenderness to palpation in the right biceps tendons. Trigger point palpated in the upper trapezius on the right and quadratus lumborum bilaterally. Pain limited of the right shoulder on range of motion. Shoulder flexion was a 5/5, right shoulder forward flexion could not be tested due to limited range of motion, left elbow flexion was a 5/5, right elbow flexion was a 4-/5, left wrist extension was a 5/5, and right wrist extension was a 4-/5. Biceps reflexes were 2+ bilaterally. Triceps reflexes were 2+ bilaterally. Brachioradialis reflexes were 2+ bilaterally. The provider noted Hawkins's test was positive on the right and Speed's test was positive on the right. Medications included Tramadol HCLER 15 mg and

Amitiza. Diagnoses included sprains and strains of the neck, impingement shoulder, bicipital tenosynovitis, and de Quervain's tenosynovitis. The request for authorization dated 05/14/2014 was for a functional restoration program 2 times a week for 5 weeks and for a Functional Capacity Evaluation; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2 times a week for 5 weeks: Upheld

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

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

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state functional restoration programs 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 Mayer and 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. 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. The guidelines also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. There appears to be little scientific evidence for the effectiveness of multidisciplinary bio psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation submitted failed to include the injured worker failing conservative care measurements. In addition, the provider failed to indicate injured worker's long-term functional improvement goals. Given, the lack of documentation the request for functional restoration program 2 times a week for 5 weeks is not medically necessary.

Functional capacity evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation Chronic Pain.

Decision rationale: The request for the Functional Capacity Evaluation is not medically necessary. In the Official Disability Guidelines state that a Functional Capacity Evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful. A Functional Capacity Evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability Guidelines to consider a Functional Capacity Evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. The documents submitted indicated the injured worker already having a Functional Capacity Evaluation on 07/03/2013. The provider failed to indicate the rationale on why he is requesting another evaluation. There is no evidence of a complex issues in the documentation provided preventing the injured worker to return back to work. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Given the above, the request for Functional Capacity Evaluation for the injured worker is not medically necessary.