

Case Number:	CM14-0085594		
Date Assigned:	07/23/2014	Date of Injury:	07/05/2013
Decision Date:	09/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 54-year-old male who reported an injury after he fell off a ladder on 07/05/2013. The clinical note dated 05/12/2014 indicated diagnoses of status post open reduction and internal fixation of the left humerus, left shoulder sprain/strain and clinical impingement, carpal tunnel syndrome per nerve conduction velocity studies (NCV) dated 03/13/2014, cervical spine strain/sprain with myospasms, left elbow lateral epicondylitis, and left wrist strain/sprain. The injured worker reported upper back pain rated 5/10 that increased with standing from a sitting position and decreased with rest and when he took Norco. The injured worker reported left shoulder pain that was constant, rated 6/10, that increased when lifting arm and when the arm was active and decreased during the day when the arm and shoulder were inactive. The injured worker reported left hand intermittent pain which was rated 7/10 that increased with closing the hand into a fist and decreased when the hand was open and relaxed. The injured worker reported left wrist pain rated 4/10 that increased with movement and decreased when the wrist was relaxed. The physical examination of the cervical spine range of motion was decreased. The injured worker's strength was 2+/5. Range of motion of the left shoulder revealed decreased range of motion with tenderness to palpation of the left acromioclavicular joint, deltoid muscle, and upper arm. The injured worker had a positive impingement and apprehension sign, crepitus, and empty cans test with a strength of 2+/5. The examination of the left elbow/forearm revealed mild inflammation and tenderness to palpation of the left lateral epicondyle with range of motion decreased in the pronation and supination position with a positive cubital Tinel's test and strength of 2+/5. The left wrist/hand examination revealed tenderness to palpation of the 2nd, 3rd, and 4th metacarpophalangeal, personal injury protection, and desquamative interstitial pneumonia. The injured worker's range of motion for the left wrist and hand was decreased. The injured worker had a positive carpal Tinel's and

Finkelstein's test. The injured worker's electromyography (EMG) dated 03/13/2014 was unremarkable. The injured worker's NCV of the upper extremities dated 03/13/2014 revealed electrophysiological evidence of left mild carpal tunnel syndrome and right moderate carpal tunnel syndrome. The injured worker's unofficial magnetic resonance imaging (MRI) of the left wrist with flexion/extension dated 04/08/2014 was unremarkable. The injured worker's prior treatments included diagnostic imaging, physical therapy, surgery, and medication management. The injured worker's medication regimen was not provided for review. The treatment plan included a request for functional restoration 1 time a week for 6 weeks. The provider submitted a request for outpatient supervised functional restoration program. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Supervised Functional Restoration Program (FRP) 1x6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP) Page(s): 31-32.

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

Decision rationale: The request for Outpatient Supervised Functional Restoration Program (FRP) one times six weeks is not medically necessary. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below: Also called multidisciplinary pain programs or interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. There is a lack of significant evidence and adequate and thorough evaluation having been made including baseline functioning tests so follow-up with the same tests can note functional improvement in the documentation provided. In addition, there is a lack of documentation that previous methods of chronic pain have been unsuccessful and would likely result in significant clinical improvement. Moreover, there was a lack of documentation indicating significant loss of ability to function independently resulting from the chronic pain. Furthermore, the provider did not indicate a

rationale for the request. Therefore, per the California MTUS Guidelines, the request for outpatient supervised functional restoration program one times six weeks is not medically necessary.