MAXIMUS Federal Services

Case Number:	CM14-0200951		
Date Assigned:	12/11/2014	Date of Injury:	08/28/2013
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Interventional spine 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 is a 49 year old female with the injury date of 08/28/13. Per physician's report 09/10/14, the patient has pain in her right shoulder, right arm, right wrist and right knee. "The patient has supraspinatus tendonitis, a positive impingement and a positive supraspinatus weakness right to support functional deficits." The patient tried Ibuprofen which did not work at all. The patient remains off work until 10/10/14. The lists of diagnoses are:1) Pain myalgia/ myositis2) Pain forearm/ wrist joint3) Pain knee/leg jointPer 07/15/14 progress report, the patient has constant right shoulder pain at 8/10. The pain interferes with sleep and work. The pain causes anxiety/ depression. The patient used pain patches which didn't help. He is not taking any medication. EMG/NCV 12/04/13 reveals 1) right ulnar neuropathy at the elbow 2) right carpal tunnel syndrome, mild in severity. "The patient had failed an outside referral for psychotherapy such as CBT or biofeedback to indicate the need for a multidisciplinary approach." Per 01/21/14 progress report, the patient has right upper extremity pain. The utilization review denied the request stating, "The patient refused [injection] due to fear of injection. Since the injection is an option, the patient does not meet guidelines for FRP." The utilization review determination being challenged is dated on 11/14/14. Treatment reports were provided from 01/16/14 to 09/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP program evaluation with PT, Psych and MD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 49.

Decision rationale: The patient presents with pain and weakness in her right shoulder and right arm. The request is for Functional Restoration Program (FRP) Evaluation with PT, Psych and MD, unspecified duration. The MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. This patient does present with functional deficits and failed outside referral for psychotherapy and medications. The patient has refused injection or surgery due to fear. In this case, the reports do not document the criteria required for the patient to participate in a functional restoration program. Motivational issues, and the negative predictors are not addressed, for example. Furthermore, the request is without duration and MTUS recommends starting with 80 hours with maximum of 160 hours. The request is not medically necessary.