

Case Number:	CM14-0202134		
Date Assigned:	12/12/2014	Date of Injury:	01/06/2011
Decision Date:	01/29/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal 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 injured worker (IW) is a 51-year-old man with a date of injury of January 6, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical radiculopathy; and right shoulder adhesive capsulitis and tendonitis. Pursuant to the Primary Treating Physician's Progress Report dated November 5, 2014; the IW reports pain in the right shoulder is better. The second shot and exercise have helped. The physical therapy is finished, but he still has some soreness. The IW complains of neck pain and hand numbness. Physical exam reveals tenderness in the neck mostly along the right paraspinal muscles. The treatment plan recommendations include continue physical therapy 2 times a week for 4 weeks to the neck and shoulders. A Functional Restoration Program (FRP) was not mentioned by the treating physician nor was it part of the treatment plan. According to the primary treating psychiatry progress noted dated September 29, 2014, the plan was to continue medication. He reports that he thinks that the IW could benefit from an evaluation for a FRP as he used to be quite active and would like to regain enough function so he can achieve his goal of being able to coach football. The current request is for an evaluation for a 6 week FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

evaluation for a 6 week functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration Program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a six-week functional restoration program is not medically necessary. The criteria for general use of multidisciplinary pain management programs (functional restoration programs) include, but are not limited to, the patient has a chronic pain syndrome with evidence of loss of function of persists beyond three months, etc.; evidence of continued prescription medication use without evidence of improvement in pain or function; documentation the patient has a motivation to change and is willing to change the medication regimen; documentation of the patient is aware that a successful treatment of a change compensation and/or other secondary gains. In this case, the injured worker's working diagnoses are cervical radiculopathy; and right shoulder adhesive capsulitis and tendinitis. The treatment plan by the primary treating physician (as of December 6, 2014) was to continue physical therapy twice a week for four weeks for his neck and shoulder and recheck in one month. There was no discussion of a functional restoration program. The treating psychiatrist recommended a functional restoration program because the injured worker "used to be quite active and would like to regain enough function we can achieve his goal as a football coach". The request for a functional restoration program was made by the treating psychiatrist. The primary care treating physician made no mention of the functional restoration program in his December 2014 progress note. Consequently, absent the appropriate clinical documentation by the primary treating physician, with specific documentation supporting a functional restoration program including the required clinical criteria, a six week functional restoration program is not medically necessary.