

Case Number:	CM14-0204156		
Date Assigned:	12/16/2014	Date of Injury:	12/24/2005
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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:

This is a 55 year old male who suffered an industrial related injury on 12/24/05. A physician's report dated 5/20/14 noted right arm pain and a visual problem. Objective findings included myofascial trigger point in the cervical paraspinal musculature. The injured worker was noted to have disarticulation of the right upper extremity. Diagnoses included status post right shoulder disarticulation with status post amputation of the right upper extremity, phantom limb pain of the right upper extremity, posttraumatic stress disorder with anxiety, neuropathic pain involving right shoulder disarticulation, depression, and myofascial pain syndrome. The treating physician's report dated 10/21/14 noted the injured worker had been attending a functional restoration program that has been beneficial. The injured worker had two more weeks to complete the functional restoration program and the physician noted the injured worker was motivated and wanted to continue the program. On 11/7/14 the utilization review (UR) physician denied the request for a functional restoration program for 2 weeks. The UR physician noted this is a request for continuation of a prior functional restoration program and the specifics of the injured worker's progress in the program were not included in the submitted documentation. Therefore the request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two weeks of Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration Program

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, two weeks of functional restoration program is not medically necessary. The criteria for general use of multidisciplinary pain management programs (functional restoration program) include an adequate and thorough evaluation including baseline functional testing so follow up with the same test can note functional improvement. Additional criteria include but are not limited to integrative summary reports that include treatment goals, progress assessment and stage of treatment that must be made available upon request and at least on biweekly basis during the course of treatment. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the injured worker's working diagnoses are status post right shoulder this articulation and status post amputation of the right upper extremity; phantom limb pain right upper extremity; posttraumatic stress disorder with anxiety; neuropathic pain right shoulder; depression; myofascial pain syndrome. A progress note dated October 21, 2014 indicates the injured worker is attending a functional restoration program. The injured worker has two more weeks to complete the functional restoration program. The treatment plan states the patient is learning various techniques to better cope, adjust and adapt to the chronic pain condition through multidisciplinary approach by doing exercises, tai chi, yoga, attending cognitive behavioral classes through psychology counseling and the patient is motivated to continue. The progress note does not contain progress assessment and subjective and objective gains. Consequently, absent the integrative summary reports with treatment goals, progress, assessment and the stage of treatment, an additional two weeks functional restoration program is not medically necessary.