

Case Number:	CM14-0068884		
Date Assigned:	07/14/2014	Date of Injury:	01/07/2014
Decision Date:	01/29/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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, 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 55 year-old patient sustained an injury on 1/7/14 from being robbed at gunpoint while employed by [REDACTED]. Request(s) under consideration include Functional Restoration Program, 1x/week x 4 weeks. Initial evaluation from the provider dated 3/12/14 noted patient with upper back pain radiating to right shoulder, low back pain rated at 5/10 radiating to right hip and outer thigh without numbness or tingling; right ankle pain rated at 6-7/10 with weakness sensation; and psychological problems on symptom questionnaire. The patient had received pain medications, x-rays, physical therapy and has legal representation as attorney sent the patient for consultation office visit. There is medical history prior to injury listing hypertension, ankle surgery in 2010, and hysterectomy in 2011. Current medications list Xanax, Tramadol, Soma, Ibuprofen, and Zoloft. Exam showed normal gait; diffuse decreased cervical range in all directions; negative compression, Spurling, and Distraction testing; intact C5-T1 sensory dermatomes; 2+/5 motor strength; diffuse decreased thoracolumbar range; positive SLR bilaterally; intact DTRs symmetrically, intact L1-S1 dermatomes with 2+/5 strength; knee with full range; ankle with tenderness and well-healed scar at right side; limited range and positive crepitus with normal pulses. Diagnoses listed include gastritis; cervical and lumbar spine sprain/strain with myospasm; right shoulder strain/sprain; right hip strain/strain; right ankle sprain/strain s/p ankle surgery prior; and post-traumatic stress disorder. Treatment plan included medications, acupuncture 2x/wk for 6 weeks; ROM and muscle strength testing; MRIs of cervical spine, right shoulder, lumbar spine, and right hip; CT scan of right ankle; and supervised physiotherapy 1x/wk for 4 weeks along with psychology consultation. The patient was to remain TTD status. The request(s) for Functional Restoration Program, 1x/week x 4 weeks was non-certified on 4/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, 1 x week x 4 weeks: 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 Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: This 55 year-old patient sustained an injury on 1/7/14 from being robbed at gunpoint while employed by [REDACTED]. Request(s) under consideration include Functional Restoration Program, 1x/week x 4 weeks. Initial evaluation from the provider dated 3/12/14 noted patient with upper back pain radiating to right shoulder, low back pain rated at 5/10 radiating to right hip and outer thigh without numbness or tingling; right ankle pain rated at 6-7/10 with weakness sensation; and psychological problems on symptom questionnaire. The patient had received pain medications, x-rays, physical therapy and has legal representation as attorney sent the patient for consultation office visit. There is medical history prior to injury listing hypertension, ankle surgery in 2010, and hysterectomy in 2011. Current medications list Xanax, Tramadol, Soma, Ibuprofen, and Zoloft. Exam showed normal gait; diffuse decreased cervical range in all directions; negative compression, Spurling, and Distraction testing; intact C5-T1 sensory dermatomes; 2+/5 motor strength; diffuse decreased thoracolumbar range; positive SLR bilaterally; intact DTRs symmetrically, intact L1-S1 dermatomes with 2+/5 strength; knee with full range; ankle with tenderness and well-healed scar at right side; limited range and positive crepitus with normal pulses. Diagnoses listed include gastritis; cervical and lumbar spine sprain/strain with myospasm; right shoulder strain/sprain; right hip strain/strain; right ankle sprain/strain s/p ankle surgery prior; and post-traumatic stress disorder. Treatment plan included medications, acupuncture 2x/wk for 6 weeks; ROM and muscle strength testing; MRIs of cervical spine, right shoulder, lumbar spine, and right hip; CT scan of right ankle; and supervised physiotherapy 1x/wk for 4 weeks along with psychology consultation. The patient was to remain TTD status. The request(s) for Functional Restoration Program, 1x/week x 4 weeks was non-certified on 4/22/14. It appears the patient has not exhausted any conservative treatment trial and remains not working and temporarily totally disabled. The patient has ongoing treatment with therapy and diagnostics without failed outcome. Treatment plan at the patient's initial evaluation included physical therapy, acupuncture, psychological consult, multiple MRIs of the spine and joints along with CT scan. It is unclear why the patient requires a Functional Restoration Program evaluation at this time. The clinical exam findings remain unchanged and there is no documentation of limiting ADL functions or significant loss of ability to function independently resulting from the chronic pain. Submitted reports have not specifically identified neurological and functional deficits amendable to a FRP with motivation for return to work status. Per MTUS Chronic Pain Treatment Guidelines, criteria are not met. At a minimum, there should be appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or

dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above nor is there identified psychological or functional inability for objective gains and measurable improvement requiring a functional restoration evaluation. Medical indication and necessity have not been established. The Functional Restoration Program, 1x/week x 4 weeks is not medically necessary and appropriate.