

Case Number:	CM15-0103691		
Date Assigned:	06/08/2015	Date of Injury:	07/12/2012
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on July 12, 2012. She reported her right arm locked up while doing mousing at work. The injured worker was diagnosed as having repetitive use injury of the right upper extremity, right de Quervain's tenosynovitis, vocational interruption, and dysfunctional activities of daily living (ADLs). Treatment to date has included steroid injections, MRIs, 36 sessions of physical therapy, 16 sessions of acupuncture, electromyography (EMG), 8 sessions of chiropractic treatments, e-stimulation, home exercise program (HEP), and medication. Currently, the injured worker complains of constant burning stiffness in the right shoulder to the fingertips with right wrist/forearm swelling, right arm weakness and sensitivity. The Physician Component of a Multidisciplinary Evaluation dated April 14, 2015, noted the physical examination to show hypoesthesia of the right arm from the elbows to the finger tips. The Multidisciplinary Team Conference Summary dated April 20, 2015, noted the Physician's examination showed limited objective findings, with the MRI of the cervical spine unremarkable for neural impingement, and the MRI of the right shoulder showed tendinitis. The Psychological Examination from April 16, 2015, was noted to show the injured worker with moderate anxiety, with no negative predictive factors that would prevent the injured worker's successful participation in a functional restoration program. The physical therapy evaluation dated April 16, 2015, noted the injured worker demonstrated significant restrictions in neuromobility which could be addressed through appropriate chronic pain nerve mobilization techniques along with other coping skills and flare-up control techniques. The multidisciplinary evaluation noted the injured worker would be an

appropriate candidate for a short course of functional restoration, with no negative predictive factors identified. On April 28, 2015, a request for authorization was made for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peer to Peer Functional Restoration Program 12 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 30-32.

Decision rationale: CA MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) 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); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant meets criteria for short course functional restoration program, including psychological assessment indicating no significant negative predictors. 12 days of a functional restoration program is medically necessary.