

Case Number:	CM15-0103892		
Date Assigned:	06/08/2015	Date of Injury:	03/13/2007
Decision Date:	07/08/2015	UR Denial Date:	05/27/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial injury on 03/13/2007. She has reported subsequent bilateral shoulder, arm and hand pain and was diagnosed with repetitive strain injury of the upper extremities, shoulder and neck and chronic pain. Treatment to date has included oral pain medication, TENS unit, splinting, physical therapy, acupuncture and a home exercise program. In a progress note dated 05/08/2015, the injured worker complained of increased bilateral upper extremity including the shoulder, arm and hand pain. Objective findings were notable for diffuse tenderness of the shoulders bilaterally. A request for authorization of a functional restoration program (quantity of 160) was submitted. The physician noted that the injured worker had undergone an initial evaluation for the functional restoration program and was deemed to be a good candidate for the program but that the entire program was denied with a prior request and was being re-requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (hours) Qty: 160.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Restoration programs (FRPs), Evaluation of Psychosocial Factors Page(s): 49, 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs), (2) Functional restoration programs (FRPs) Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in March 2007 and continues to be treated for bilateral upper extremity pain. A functional restoration program had been requested in 2009 but had been denied. The claimant had been able to return to unrestricted work. However, she is no longer working. She was evaluated again for participation in a functional restoration program and considered to be an appropriate candidate. Authorization for a full program was requested. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. In this case, there is no return to work plan. The requested number of sessions and duration of the program is in excess of recommended guidelines and therefore not medically necessary.