

Case Number:	CM15-0104524		
Date Assigned:	06/08/2015	Date of Injury:	04/23/2002
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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 74 year old female who reported an industrial injury on 4/23/2002. Her diagnoses, and/or impressions, are noted to include shoulder and upper arm sprain/strain, with right shoulder impingement and full-thickness rotator cuff tear/symptomatology; bilateral, moderate-severe carpal tunnel syndrome; cervical spine strain, rule-out spine pathology and disc herniation; bilateral knee meniscal tears, rule-out "ACL and PCL" tears; and stomach pain with episodes of depression. No current imaging studies are noted. Her treatments have included physical therapy; medication management; and rest from work. The progress notes of 4/12/2015 reported complaints of left shoulder pain into the neck and upper back with activity; constant neck and upper extremity pain; and bilateral knee pain with swelling, popping and clicking, increased with activity. Objective findings were noted to include tenderness over the rotator cuff region, atrophy in the deltoid region, positive tests, and 80% limited range-of-motion; as well as decreased range of motion to both knees, by 25 degrees, with tenderness over the popliteal and medial compartments, and positive Apley's compression test. The physician's requests for treatments were noted to include a multi-disciplinary evaluation for consideration of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) day multidisciplinary evaluation for consideration of FRP (Function Restoration Program): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in April 2003 and continues to be treated for chronic pain. Treatments have included courses of physical therapy and various medications without substantial improvement. When seen she was having cervical spine, left shoulder, and bilateral knee pain. Physical examination findings included decreased shoulder range of motion with tenderness and negative impingement testing. There was decreased knee range of motion with joint tenderness and positive compression testing. The assessment references episodes of depression and anxiety and having progressive difficulty coping with her condition and with self-management. She had been unable to return to work and was afraid that her condition was worsening and that she would be unable to take care of herself and/or her family. A functional restoration program can be recommended for selected patients with chronic disabling pain as in this case. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as it being requested which is medically necessary.