

Case Number:	CM15-0105891		
Date Assigned:	06/10/2015	Date of Injury:	08/09/2011
Decision Date:	07/17/2015	UR Denial Date:	05/06/2015
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: California, Indiana, New
 York Certification(s)/Specialty: Internal Medicine

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 45 year old male with an August 9, 2011 date of injury. A progress note dated March 11, 2015 documents subjective findings (neck pain with headaches; right upper extremity weakness with numbness; right shoulder pain that radiates into the left clavicle and sternum; lower back pain with the right greater than left that radiates into the lower extremity; left ankle pain that is not improving; swelling and tenderness over the left Achilles tendon; sleep deprivation due to pain causing daytime tiredness; stress, anxiety, and depression; right knee pain; blurred vision with the right greater than left pain over the right eye), objective findings (decreased range of motion of the cervical spine; cervical spine spinous process tenderness; cervical paravertebral muscle spasm; positive cervical spine compression test; positive shoulder depression; acromioclavicular joint and sternoclavicular joint tenderness bilaterally; decreased motor strength of the right shoulder; decreased range of motion of the right shoulder; thoracic spine paravertebral muscle spasm; decreased range of motion of the lumbar spine; straight leg raise test positive bilaterally; decreased range of motion of the lower extremities), and current diagnoses (cervical spine disc herniation, right shoulder rotator cuff tear; lumbar spine disc herniation; left ankle internal derangement; sleep deprivation; stress, anxiety, and depression; visual disturbances). Treatments to date have included medications, physical therapy, chiropractic treatments, imaging studies, and facet rhizotomy. The medical record indicates that the injured worker has remained symptomatic despite multiple conservative treatments, and that his physical and emotional condition has declined. The treating physician documented a plan of care that included a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 10 days/ 50 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program times 10 days/50 hours is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are cervical spine HNP; right shoulder rotator cuff tear; lumbar spine HNP; left ankle internal derangement; sleep deprivation; stress, anxiety and depression; right knee MLI; and visual disturbances. The treating provider (chiropractor) requested a multidisciplinary initial evaluation on March 11, 2015. The copy of the initial evaluation was not present in the medical record. According to the utilization review, the MRI of the right shoulder showed a near full thickness recurrent rotator cuff tear. The orthopedist recommended right shoulder arthroscopy based on the March 16, 2015 report. The injured worker wants to proceed with the right shoulder arthroscopy. The right shoulder arthroscopy was scheduled for May 2015. The guidelines state previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The injured worker is scheduled to undergo arthroscopy of the right shoulder for a near full thickness we current rotator cuff tear. All options have not been exhausted (arthroscopy) and a functional restoration program is premature at this time. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and documentation indicating an arthroscopy of the right shoulder is clinically indicated and scheduled with approval by the injured worker, functional restoration program times 10 days/50 hours is not medically necessary.

