

Case Number:	CM15-0141280		
Date Assigned:	07/31/2015	Date of Injury:	03/04/2013
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a 66-year-old who has filed a claim for chronic upper extremity, elbow, finger, hand, and wrist pain reportedly associated with an industrial injury of March 4, 2013. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for 160-hour functional restoration program. The claims administrator referenced an RFA form received on July 6, 2015 in its determination, along with an associated progress note of July 2, 2015 and an appeal letter dated July 14, 2015. The applicant's attorney subsequently appealed. In a letter dated August 5, 2015, the applicant personally appealed a functional restoration program, acknowledging that she had developed depression, frustration, and anxiety as a result of her chronic pain complaints. On a letter dated July 27, 2015, the attending provider reiterated the request for a functional restoration program. Towards the top of the report, the attending provider stated that he was seeking 80-hour functional restoration program. Toward the bottom of the report, the attending provider stated that he was seeking a 160-hour functional restoration program distributed over six weeks. In multiple different sections of the note, the attending provider alternately stated that he was seeking an 80-hour functional restoration program and then reported, somewhat incongruously, that he was seeking a 160-hour program. The attending provider suggested (but did not state) the applicant was not working and was having difficulty carrying articles weighing over 5 pounds, was unable to perform household chores, and was frequently dropping objects. Multifocal complaints of neck, shoulder, elbow, and wrist pain with derivative complaints of depression were reported. The applicant's medication list was not detailed. The applicant had undergone carpal tunnel release surgeries, it was reported. The applicant reported issues with depression and/or sleep disturbance. The applicant had received a psychological evaluation and/or unspecified amounts of cognitive

behavioral therapy, it was suggested, but did not appear to receive any psychotropic medications. In an RFA form dated July 22, 2015, the attending provider stated that he was appealing the previously denied functional restoration program. On July 21, 2015, the attending provider requested reconsideration of 160-hour functional restoration program. On July 2, 2015, applicant reported ongoing complaints of bilateral upper extremity pain. It was suggested toward the top of the report the applicant was working with a rather proscriptive 5-pound lifting limitation in place. It was suggested that the applicant was a good candidate for the functional restoration program. At the bottom of the report, it was stated that the applicant had returned to work, albeit with restrictions in place. The applicant's medications included Motrin and Lipitor, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, quantity: 160 hours: Upheld

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 Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs) Page(s): 49; 32.

Decision rationale: No, the request for a 160-hour functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective functional gains. Here, thus, the request for 160-hour functional restoration program represents treatment in excess of the two-week trial period set forth of page 49 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider, thus, sought authorization for a 160-hour functional restoration program interspersed over six weeks without a proviso to reevaluate the applicant after the first two weeks of treatment so as to ensure that the program was in fact proving effectual. The request, thus, as written, was at odds with MTUS principles and parameters. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the cardinal criteria for pursuit of functional restoration program is evidence that the applicant has a significant loss of ability to function independently resulting from the chronic pain. Here, the attending provider reported on July 6, 2015 that the applicant was in fact working, albeit with restrictions in place. It did not appear, thus, that the applicant had sustained a significant loss of ability to function associated with her chronic pain complaints. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another cardinal criteria for pursuit of functional restoration program includes evidence of previous methods of treating chronic pain have proven unsuccessful and the absence of other options likely to result in significant clinical improvement. Here, multiple medical and mental health progress notes, referenced above, suggested that the applicant's psychiatric issues were a significant constraint. The applicant was described as depressed on multiple office visits and evaluations, referenced above. However, the applicant did not appear to have maximized treatment for the mental health aspect of her case. A July 2, 2015 progress note made no mention of the applicant's using any psychotropic medications. It was not stated why the applicant had not attempted to maximize treatment of the mental health aspects of her case through psychotropic medications, for instance, as opposed to via the functional restoration program in question. Therefore, the request was not medically necessary.