

Case Number:	CM15-0142171		
Date Assigned:	08/05/2015	Date of Injury:	03/07/2009
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

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

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:

This is a 59 year old female with a march 7, 2009 date of injury. A progress note dated May 21, 2015 documents subjective complaints (widespread pain and her whole body hurts; pain that is problematic around the right shoulder, around the lower back, and right knee; tingling and burning sensation that runs down both legs making it difficult to walk; poor sleep and feelings of depression; low energy and trouble with concentration), objective findings (antalgic gait with weight bearing problems at the right knee; flattening of the lumbar lordosis; restricted range of motion of the right shoulder; reduced range of motion of the right knee; popping sensation of the right knee; decreased and painful range of motion of the lower back; deformity changes of the fingers of the right hand; tenderness in the palm of the right hand; widespread weakness in both upper extremities and lower extremities and in particular the right arm; significant weakness in the right leg; decreased grip strength of the left hand; dullness to pinprick throughout the right arm in comparison to the left), and current diagnoses (chronic pain syndrome; old tear of medical meniscus; acquired trigger finger; shoulder pain; neck pain; lower back pain). Treatments to date have included physical therapy, medications, hand surgery, knee injections, and imaging studies. A progress report dated February 18, 2015 recommends therapy for the neck, a trial of injections for the upper extremities if symptoms worsen, pain management consultation for the hand, aquatic therapy for the back, and possible further injection for the knees. Additionally, there is some question as to the patient having positive Waddell's signs. 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 2 weeks, 10 days, 60 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: 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 patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, it is unclear that there are no other treatment options available. A note earlier this year mentioned numerous additional treatment options, and it is unclear if these have been attempted. Furthermore, there is a question as to whether the patient is suffering from somatization and it appears that she has had positive Waddell signs on at least one occasion. It is unclear, therefore, that negative predictors of success have been overcome. In the absence of clarity regarding those issues, the currently requested functional restoration program is not medically necessary.