

Case Number:	CM15-0146645		
Date Assigned:	08/07/2015	Date of Injury:	07/12/2010
Decision Date:	09/03/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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 36 year old female who sustained an industrial injury on 07/12/2010. Mechanism of injury occurred when this fire fighter lifted a patient and injured her right shoulder and cervical spine. She later developed right arm numbness and weakness. Diagnoses include status post C5-C6 fusion, and C4-C5, C7-T1 facet arthropathy with facet syndrome. Treatment to date has included diagnostic studies, medications, a cervical fusion, physical therapy, and use of a Transcutaneous Electrical Nerve Stimulation unit. She is not working. A physician progress note dated 07-15-2015 documents the injured worker has done outstanding progress in the first 4 weeks of the 8 week program. She has not required any opioids. She is using a Lidoderm patch and Tylenol. On admission, cervical flexion was 40 degrees and after 4 weeks, flexion was still 50 degrees. Lumbar flexion was 90 degrees on admission and after 4 weeks, it was 120 degrees. She has made substantial progress. On admission Beck anxiety score was 49, and after 4 weeks, it was 39 with a goal of 19. On admission, she was able to carry 25 pounds for 50 feet, and after 4 weeks, she was able to carry 40 pounds for 50 feet with a goal of 50 pounds for 50 feet. Treatment requested is for physiotherapy continued functional restoration program for 4 weeks 5 days a week for an additional 20 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy continued functional restoration program for 4 weeks 5 days a week for an additional 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic pain programs, Multidisciplinary Back Training.

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

Decision rationale: The claimant sustained a work injury in July 2010 while working as a firefighter. Treatments have included a cervical spine fusion. She is participating in a functional restoration program. When requested, she had completed four weeks of treatment in the program. She was no longer taking opioid medication. She had improved spinal range of motion. She had been able to increase her materials handling capacity. She had met with a vocational counselor but there were no definitive return to work plans. Authorization for an additional four weeks of treatment was requested. In terms of a functional restoration program, total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the requested additional four weeks of treatment is in excess of that recommended and there is no defined return to work goal. The claimant has already been able to discontinue use of opioid medications. The request is not medically necessary.