

Case Number:	CM15-0147849		
Date Assigned:	08/10/2015	Date of Injury:	08/05/2012
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 8-5-12 Initial complaint was of her right side and upper back as the result of a slip and fall. The injured worker was diagnosed as having pain in joint-shoulder right. Treatment to date has included status post right shoulder surgery (11-24-12); status post manipulation under anesthesia (MUA) right shoulder (3-2013); physical therapy; acupuncture; medications. Diagnostics studies included MRI thoracic spine (3-11-14). Currently, the PR-2 notes dated 6-23-15 titled "Physician Progress Report Week 6- Discharge Summary" authored by the her physical medicine and rehabilitation provider. This report indicated the injured worker has a history of right shoulder surgery with subsequent development of adhesive capsulitis requiring manipulation under anesthesia (MUA). She was enrolled in a Functional Restoration Program on 5-18-15 due to her chronic pain issues and completed the program on 6-26-15 and was discharged. She benefited from the program reporting modest improvement in the right upper extremity mobility but continues to have right shoulder pain. She reports her mood has improved since her participation in the program. She has developed a home exercise program and is eager to be able to improve her general function and hopefully return to work in some capacity. Medications at discharge included Capsaicin, Gabapentin and Nabumetone. On physical examination, the right shoulder is restricted in range of motion with guarding the right arm. Abduction and flexion are approximately 140 degrees and there is a positive impingement sign. The provider documents her diagnosis as right shoulder adhesive capsulitis, status post shoulder surgery with chronic residual pain and restricted range of motion (status post manipulation under anesthesia (MUA))

and myofascial pain in the upper back and cervicobrachial region. The provider notes she has done well in the program and motivated to continue to improve. She is better able to self-manage pain and has some modest improvement in range of motion and use of the right shoulder. She continues to hope to return to work in some capacity in the near future. Her work restrictions remain at 10 pounds lift for the right upper extremity as well as restricted from work at or above the right shoulder level. The psychologist is requesting authorization of a Functional Restoration Aftercare program x6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Northern California Functional Restoration Aftercare program x 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. The patient has documented improvement in the functional restoration program and therefore the request is certified. Therefore, the requested treatment is medically necessary.