

<b>Case Number:</b>	CM15-0164033		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64 year old female, who sustained an industrial injury on 08-03-2012 resulting in pain or injury to the neck, low back, and right shoulder, elbow and wrist from a falling filing cabinet. A review of the medical records indicates that the injured worker is undergoing treatment for borderline diabetes, hypertension, and depression, ongoing pain in the low back with radiating symptoms, right shoulder, neck, right wrist, and right elbow. The initial [REDACTED] Functional Restoration Program (FRP) dated 07-09-2015 indicates ongoing worsening low back pain with radiating pain, numbness and tingling into the right lower extremity and knee with a severity rating of 5-6 out of 10; ongoing neck pain (left worse than right) with radiating pain into the bilateral scapular regions and muscle spasms in cervical paraspinal musculature and a pain rating of 5-6 out of 10; and right wrist pain radiating into the base of the thumb without numbness and tingling. Records also indicate difficulties with prolonged sitting greater than 30 minutes, standing or walking for greater than 10-15 minutes, difficulty raising her right arm, writing and using a keyboard due to ongoing pain. Per the initial [REDACTED] FRP evaluation, the injured worker has not returned to work. The physical exams, dated 02-03-2015 - 07-09-2015, revealed ongoing tenderness and spasms in the cervical paraspinal and upper back musculature, ongoing restricted range of motion in the cervical spine, ongoing tenderness to the right wrist, and ongoing tenderness over the lumbar paraspinal musculature with guarding. Relevant treatments have included conservative care, right 1st dorsal compartment release resulting in a 20% reduction in pain to the right wrist, lumbar facet blocks, several sessions of physical therapy (PT) for the neck and low back with short term benefit, 5 post-op sessions of PT for the right wrist, 24 chiropractic treatments, work restrictions, and topical and oral medications. The initial [REDACTED] FRP evaluation also indicates that

MRIs of the cervical and lumbar spines revealed degenerative disc disease at C3-C7 and L3-S1. A MRI of the right shoulder was reported to show rotator cuff tendinosis and acromioclavicular (AC) joint arthropathy, and MRI of the right wrist showed a scapholunate ligament tear with synovitis. Further surgeries and injections were recommended; however, the injured worker decided against any such treatments. The request for authorization (07-09-2015) shows that the following service was requested: [REDACTED] FRP (160 hours) for the neck, low back, shoulders and right wrist. The original utilization review (08-03-2015) partially approved a request for [REDACTED] FRP (reduced from 160 hours to 80 hours) for the neck, low back, shoulders and right wrist because the treatment is not suggest for longer than 2 weeks (80 hours).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**[REDACTED] Functional Restoration Program x 160 hours neck/low back/shoulder/right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** A functional restoration program is indicated if a patient has a substantial loss of function from a chronic injury and has failed all other treatment options. MTUS provides detailed criteria for consideration of a functional restoration program, including "An adequate and thorough evaluation has been made" and "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." This guideline does not recommend more than 2 weeks (80 hours) of treatment without interim assessment regarding treatment goals and progress. Thus, a request for a 1-time certification of 160 hours exceeds the treatment guidelines; a rationale for an exception is not apparent. This request is therefore not medically necessary.