

Case Number:	CM15-0164247		
Date Assigned:	09/10/2015	Date of Injury:	11/28/2013
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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 represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 28, 2013. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for six sessions of functional restoration aftercare program. The claims administrator referenced an RFA form dated August 10, 2015 and discharge report dated June 26, 2015 in its determination. The claims administrator contended that the aftercare program represented a component of the functional restoration program and did not need to be billed separately. The claims administrator did not seemingly incorporate any guidelines into its decision rationale. The applicant's attorney subsequently appealed. On functional restoration program discharge summary dated June 26, 2015, the applicant was apparently given refills of oral Naprosyn, topical diclofenac cream, and oral gabapentin. The attending provider acknowledged the applicant was unlikely to be able to be return to work. The attending provider also acknowledged that the applicant did not appear to have a job to return to. The applicant had received six weeks of treatment via the functional restoration program in question, it was reported. A Thera Cane massager device was endorsed. Permanent work restrictions were imposed, seemingly resulting in the applicant's removal from the workplace. On July 20, 2015, the attending provider reiterated the applicant had been terminated by his former employer. 2-8/10 pain complaints were noted. A Thera Cane massager was sought. The applicant's medications included topical diclofenac, Imitrex, Naprosyn, Neurontin, and Voltaren gel. The

claimant had had a functional restoration program and an Agreed Medical Evaluation, it was reported. Six additional sessions of physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for six sessions of a functional restoration aftercare program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration via chronic pain program and functional restoration program should not exceed 24 full-day sessions, without clear rationale for the specified extension and/or reasonable goals to be achieved. However, clear treatment goals were neither stated nor formulated. A clear rationale for the extension was not furnished. The applicant, per the treating provider's discharge summary of June 26, 2015, had seemingly had six weeks or 30 full-day sessions of treatment, i.e., well in excess of the 20-session limit set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for treatment via functional restoration programs. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that treatment for longer than two weeks is not suggested without evidence demonstrated efficacy documented by subjective and objective gains. Here, however, the applicant remained off of work, it was reported on June 22, 2015 and July 29, 2015 permanent work restrictions were imposed on both dates, effectively resulting in the applicant's removal from the workplace. The applicant was not working, it was reported on both dates. The applicant had been terminated by his former employer. On June 26, 2015, the applicant was given a more permissive 50-75 pound lifting limitation. On the subsequent note of July 29, 2015, the applicant was given an extremely proscriptive 10-pound lifting limitation. The applicant remained dependent on a variety of analgesic and adjuvant medications to include topical diclofenac, Imitrex, Naprosyn, Neurontin, Voltaren gel, etc. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued and possibly worsened over time, despite receipt of six weeks of treatment via the functional restoration program in question. Further treatment via the functional restoration aftercare program-six sessions-at issue was not, thus, indicated. Therefore, the request was not medically necessary.