

Case Number:	CM15-0166375		
Date Assigned:	09/04/2015	Date of Injury:	05/24/2013
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 47 year old female, who sustained an industrial injury on May 24, 2013. She reported right shoulder and arm pain as well as a burn type pain in her right ulnar hand. She later developed neck pain and stiffness. The injured worker was currently diagnosed as having chronic neck pain due to sprain and strain, cervicogenic headaches, right shoulder pain, mild right carpal tunnel syndrome, borderline right cubital tunnel syndrome and myofascial pain. Treatment to date has included diagnostic studies, injection, physical therapy, chiropractic treatment, acupuncture and medication. She was noted to have some transient benefit with treatment, but her physical therapist and pain psychologist recommended a more intensive multidisciplinary care in the setting of a functional restoration program. On July 27, 2015, the injured worker complained of pain in the entire right half of her body. She stated that her symptoms are worse. The specific areas of pain included her neck, shoulder, arm, hand, back and right knee. She had poor balance and reported walking into things. The treatment plan included a surgical consultation or functional restoration program, an EMG of the right upper extremity, medications and a follow-up visit. A request was made for a functional restoration program five days a week for six weeks, which was non-certified by Utilization Review on August 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program five days a week for six weeks (30): Overturned

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): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

Decision rationale: Per the CA MTUS guidelines cited, functional restoration programs are recommended when accessing programs with proven successful outcomes, for injured workers with conditions that put them at risk of delayed recovery. Of primary importance is that the injured worker must be motivated to improve and return to work. General use criteria include: appropriate evaluation to include baseline functional testing so follow-up functional improvement can be assessed; previous treatments have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; significant loss of ability to function independently resulting from the chronic pain; not a candidate where surgery or other treatments would clearly be warranted; motivation to change exhibited and is willing to forgo secondary gains; and negative predictors of success above have been addressed. Concerning this injured worker, the primary treating provider notes describe long-term chronic pain whose severity is not explained by her imaging studies, and who has had minimal benefit from acupuncture, physical therapy, and pain psychology. Both her physical therapist and pain psychologist recommend more intensive multidisciplinary care, while her QME recommended either a functional restoration program or surgical consultation. The notes from July 27, 2015 recommend a multidisciplinary care approach and not surgery due to somatic complaints without strongly corroborating imaging studies. She has also shown motivation to change and return to work. Based on the available medical records and cited guidelines, the participation of this injured worker in a functional restoration program five days a week for six weeks (30), is reasonable, and therefore medically necessary and appropriate.