

Case Number:	CM15-0169840		
Date Assigned:	09/10/2015	Date of Injury:	06/13/2013
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 40 year old male who sustained an industrial injury on 6-13-13. Diagnoses include right shoulder pain, status post arthroscopic surgery; right cubital syndrome, status post-surgical release; depression; anxiety disorder. He currently has completed a functional restoration program participating daily with cognitive behavioral training, educational lectures and individual physical therapy sessions. Since completing the training he has significant improvement in his mental status, his ability to engage in activities of daily living and his overall functional ability. He also is better able to cope with his chronic pain issues and has a better concept of opioid tolerance and maintained his medication regimen despite increased activity level. There is no specific return to work plan as of 8-3-15. He continues to experience persistent pain in the right upper extremity and lateral aspect of the right elbow and right sided thoracic and rib pain since his injury. He continues taking Norco 2-3 times daily for pain per 8- 18-15 note. He had modest improvement in his lifting capacity. On physical exam there was tenderness to palpation over the right lateral epicondyle. Diagnostic included MRI of the right elbow (3-20-14) unremarkable; electromyography, nerve conduction study (2-19-14) normal; MRI of the right shoulder (7-31-13) showing low-grade rotator cuff tendinosis. Treatments included medications: Cymbalta, Buspirone, Propranolol, Norco, Gabapentin, Naproxen, Dilantin, Pantoprazole; home exercise program; right shoulder and right elbow surgeries; physical therapy with improved range of motion; psychotherapy. On 8-3-15, the treating provider's plan of care requests six aftercare sessions of functional restoration. The request for authorization dated 7-28-15 requests additional 52 hours of functional restoration program. The original utilization review dated 8-20-15 non-certified the request for additional

52 hours of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 52 hours functional restoration program: 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: 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 [REDACTED] (see Chronic pain programs), were originally developed by [REDACTED] and [REDACTED]. 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. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. This documentation is not provided and therefore cannot be certified as it does not meet guideline recommendations and is not medically necessary.