

Case Number:	CM15-0181870		
Date Assigned:	09/23/2015	Date of Injury:	11/16/2011
Decision Date:	10/27/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 50 year old female, who sustained an industrial injury on 11-16-11. The injured worker was diagnosed as having right shoulder type 1 acromion without impingement, mild tendonitis of the supraspinatus tendon, lateral epicondylitis of the right elbow and right wrist swelling of the distal radioulnar joint. Treatment to date has included physical therapy, acupuncture and chiropractic treatments. As of the PR2 dated 6-1-15, the injured worker reports bilateral shoulder pain, right elbow pain and bilateral hand and wrist pain. Objective findings include a positive Finkelstein test in the bilateral wrists and decreased bilateral wrist range of motion. The chiropractic treatment note dated 7-13-15, revealed neck pain with bilateral hand and wrist pain. The treating physician noted deficits with the injured worker's activities of daily living. The treating physician requested a functional restoration program x 10 sessions. The Utilization Review dated 9-15-15, non-certified the request for a functional restoration program x 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP Qty 10: 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 claimant has a history of a cumulative trauma work injury with date of injury in March 2011. In June 2015 she was having more frequent complaints of depression and anxiety and was having difficulty coping. She was concerned that she would be unable to take care of herself and/or her family. She had been unable to return to work. An interdisciplinary evaluation was requested. She was seen for this on 08/10/15. The evaluation was not provided for review. Case notes reference a physical therapy evaluation with findings of pain with shoulder range of motion and decreased upper extremity strength. The claimant had poor body mechanics and difficulty was reported with car and tub transfers. Prior treatments are referenced as having included physical therapy, acupuncture, and epidural injections. A Functional Restoration Program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation. In this case, there was no psychological evaluation provided. The claimant has depression and anxiety and whether treatments for these conditions has been tried is unknown. The submitted evidence does not indicate a failure of treatment for the claimant's psychological conditions or that these have been addressed as possible barriers to participation in a functional restoration program. Criteria also include that there is an absence of other options likely to result in significant clinical improvement. The claimant has findings of shoulder impingement and an injection and an orthopedic evaluation are not documented. For these reasons, the request that was submitted for review cannot be accepted as being medically necessary.