

Case Number:	CM15-0188660		
Date Assigned:	09/30/2015	Date of Injury:	05/20/2014
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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

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 39 year old male who sustained an industrial injury on 5-20-2014. A review of medical records indicates the injured worker is being treated for chronic reflex sympathetic dystrophy of upper limb, pain in limb upper right, rotator cuff impingement right, and aftercare for healing traumatic fracture. Medical records dated 7-1-2015 noted severe shoulder pain that has spread into his chest. Pain was rated a 7 out 10. Physical examination noted on palpation, tenderness was noted in the periscapular muscles. Tenderness was noted in the rhomboids, tenderness was noted in the subdeltoid bursa and trapezius. Treatment has included gabapentin, NSAIDS, SNRI, ELMA cream without major improvement. He also had 22 session of a functional restoration program. Utilization review form dated 9-1-2015 noncertified additional 10 days 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 10 days of functional restoration program: 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): Functional restoration programs (FRPs).

Decision rationale: The 39 year old patient chronic right index finger pain, rated at 7/10, along with numbness and weakness, as per progress report dated 08/10/15. The request is for additional 10 days of functional restoration program. The RFA for this case is dated 08/19/15, and the patient's date of injury is 05/20/14. Diagnoses, as per progress report dated 08/10/15, included likely chronic sympathetic dystrophy of the upper limb, pain in right upper limb, right rotator cuff impingement, and adjustment disorder with mild anxiety and depressed mood. Medications included Motrin, Capsaicin cream, and Cymbalta. The patient has been allowed to work with restrictions, as per the same report. The MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs (FRPs) section, recommends the program and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. In this case, the patient was originally authorized for 16 sessions of FRP. In progress report dated 07/01/15, the primary care physician supports continuation of FRP beyond the trial of 16 sessions as the patient has demonstrated improvement in ADL's. The patient received an authorization for 9 additional sessions, as per FRP progress report dated 08/05/15. As per the report, the patient is highly motivated and following his home exercise regimen diligently. The patient is committed to starting his own business. As per the report, the patient has more acceptance of his pain and would benefit from additional days to progress function with lift, mood effects, coping and goals of return to work. The additional days will further improve his home exercise and flare-up management regimen, and help him sleep better as well. MTUS recommends not more than 20 sessions of FRP in most cases but states that "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Given the specific request for 10 day extension and clearly defined goals in the FRP report, the request appears reasonable and is medically necessary.