

Case Number:	CM15-0189413		
Date Assigned:	10/05/2015	Date of Injury:	12/16/2013
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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 63 year old female, who sustained an industrial-work injury on 12-16-13. She reported initial complaints of pain in neck and upper extremities along with left shoulder pain. The injured worker was diagnosed as having carpal tunnel syndrome, derangement of lateral meniscus, radial styloid tenosynovitis, cervical disc degeneration, and chronic medication usage. Treatment to date has included medication, surgery (left carpal tunnel release), physical therapy, wrist splint, cortisone injection, surgical consultation. MRI results were reported on 4-21-15 of the left wrist that demonstrates small ganglion cyst and intact median nerve in the carpal tunnel with scarring. MR I of the left shoulder reports rotator cuff tendinosis. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 8-28-15 that demonstrated evidence of mild bilateral carpal tunnel syndrome, no evidence of superimposed cervical radiculopathy, brachial plexopathy, or focal ulnar neuropathy. Currently, the injured worker complains of pain in the left shoulder, left elbow, and left wrist pain. Pain is worse with lifting, gripping, grasping, activities. Medication help reduce the pain from 8 out of 10 to 5 out of 10. They help with tolerating activities using the left hand for chores or cooking. Per the primary physician's progress report (PR-2) on 8-24-15, exam noted morbid obesity, tenderness to left shoulder, elbow, and wrist with use of left wrist brace, normal muscle tone to all extremities, arm abduction to left is 4 out of 5, reduction of 25% in flexion and abduction of the left shoulder, positive Finkelstein test on left, lateral epicondylar pain on the left, pain over trapezius and in the posterior left shoulder, decreased sensation in the median distribution on the left, and grip strength is reduced bilaterally. The Request for Authorization requested service to include

Initial evaluation for functional restoration program. The Utilization Review on 9-1-15 denied the request for Initial evaluation for functional restoration program, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for 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: Based on the 8/24/15 progress report provided by the treating physician, this patient presents with left shoulder pain, left elbow/wrist pain with left hand weakness, rated 8/10 on VAS scale without medications and 5/10 with medications. The treater has asked for INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM on 8/24/15. The patient's diagnoses per request for authorization dated 8/26/15 are carpal tunnel syndrome, derangement meniscus, tenosynovitis radial styloid, degenerative cervical disc, long term use meds NEC, pain psychotenic NEC. The patient is s/p surgical consultation for shoulder and wrist of unspecified date per 8/24/15 report. The patient states that current medication regimen helps her to tolerate activity with her left hand such as light housework or cooking per 8/24/15 report. The patient has a history of carpal tunnel release on the left side from 2014, ulnar nerve release on left wrist, and GI reflux per 7/24/15 report. The patient's work status is not permanent and stationary, and not working per 7/24/15 report. MTUS Guidelines, Functional Restoration Programs (FRPs) section, pg. 49 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 interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. 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." In this case, the patient has undergone conservative treatment including splinting, medications, physical therapy, and injections without significant improvement in symptoms for more than a year. The treater has asked for an evaluation for FRP for patient's persistent left shoulder/elbow/wrist pain. MTUS does support FRP if the criteria are met. Given the patient's persistent, chronic symptoms, this request for assessment to determine the patient's candidacy for functional restoration program appears reasonable. Therefore, the request IS medically necessary.