

Case Number:	CM15-0198860		
Date Assigned:	10/14/2015	Date of Injury:	01/20/2011
Decision Date:	11/24/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/09/2015

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, Georgia
 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 52 year old female, who sustained an industrial injury on January 20, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having reflex sympathetic dystrophy of upper limb, chronic pain syndrome and other pain disorder related to psychological factors. Treatment to date has included functional restoration program, carpal tunnel release, two stellate ganglion blocks, spinal cord stimulator trial, H-wave unit and medication. On September 28, 2015, notes indicated the injured worker demonstrated a limited ability to participate in an individualized treatment plan including daily exercises and functional activities. She was significantly limited in activity participation recently due to a flare up and received additional instruction on use of active modalities for flare up management. Her pre-program cumulative activity tolerance was three hours per day. In week one, she was noted to be participating in six hours of activity daily. She was noted to be tolerating increased frequency and intensity of lifting and carrying activities compared to pre-program level. She was also engaging in an exercise program to address limitation in strength, flexibility and cardiovascular endurance. On October 8, 2015, utilization review denied a request for Functional Restoration Program additional (hours) quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program additional (hours) QTY: 60.00: 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: CA MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant has documented objective functional improvements over the first 2 weeks of her program and continued functional restoration program is medically indicated. Additional 60 hours of functional restoration program is medically necessary.