

<b>Case Number:</b>	CM15-0201324		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female who sustained an industrial injury on 7-15-2014. A review of the medical records indicates that the injured worker is undergoing treatment for complex regional pain syndrome (CRPS), neck sprain, shoulder syndrome, sprain of shoulder and upper arm and thoracic back sprain. Per the progress report dated 8-11-2015, the injured worker complained of pain in the lumbar region radiating down her right buttocks, leg and into the foot. She also reported left arm pain. According to the physical therapy report dated 9-15-2015, the injured worker required no assist with toileting, minimal assist with bathing and dressing, moderate assist with driving and shopping and maximal assist with cooking. It was noted that physical therapy treatment had not been sufficient to promote return to full function. The recommendation was for a Functional Restoration Program. Objective findings (8-11-2015) revealed the right upper extremity was held close to her body and she had limited range of motion of the shoulder, elbow, wrist and hands with dysesthesia of the right hand. Treatment has included physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications included Acetaminophen ES, Amitriptyline, Lidoderm patches, Mirtazapine and Nexium. The original Utilization Review (UR) (10-1-2015) denied a request for a Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program (two weeks, ten days, sixty hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The request is for enrollment in a functional restoration program (2 weeks, 10 days, 60 hours), which is a type of treatment included in the category of interdisciplinary pain programs. Functional restoration programs 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. These programs 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (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) pre-treatment levels of pain. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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. 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). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In regards to the injured worker, there is documentation that potentially supports the medical benefit of a functional restoration program. An interdisciplinary conference evaluation had been performed which concluded the patient would benefit from such a program. However, not all of the requirements of the MTUS guidelines have been met for enrollment in a functional restoration program. First and foremost, the injured worker has many negative predictors for success, including poor work adjustment, high levels of psychosocial distress, duration of pre-referral disability time, and pre-treatment

levels of pain. These issues have not been adequately addressed. Physician documentation must explain why success is expected despite the presence of many negative predictors. Merely stating the injured worker is an "appropriate candidate" for a functional restoration program is not sufficient. Furthermore, the injured worker has been diagnosed with a frozen shoulder, or adhesive capsulitis. There is potential medical benefit with manipulation or surgery for this condition. From the documentation provided, it does not appear that either has manipulation or surgery for adhesive capsulitis has occurred or has been considered. Enrollment in a functional restoration program is reserved for conditions where surgery is not an option, or is at least controversial. If the treatment is potentially controversial, as stated above, a trial of 10 visits may be implemented to assess response. In order to clearly establish the medical benefit of a functional restoration program, the issues as detailed must be addressed by the treating physician in order to satisfy the MTUS requirements. Therefore, the request as submitted is not medically necessary at this time.