

Case Number:	CM15-0205964		
Date Assigned:	10/22/2015	Date of Injury:	07/26/2011
Decision Date:	12/11/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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, Hawaii
 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 47 year old female, who sustained an industrial injury on 7-26-11. The injured worker is diagnosed with shoulder pain, cervicgia, chronic pain syndrome and mood disorder. Her disability status is permanent and stationary. In a note dated 8-13-15 the injured worker reports neck and left shoulder pain and headaches. She reports limitation with daily activities as she experiences an increase in symptoms with increased activity. Physical examinations dated 7-14-15 and 8-13-15 revealed significant trigger point tenderness around the left scapula muscle groups and limited neck range of motion with guarding noted. There is regional myofascial pain and she experiences post concussive headaches. A functional restoration note dated 9-22-15 (week 6) reveals the injured worker is able to participate in 6 hours (was 3) of activity daily, which demonstrates an improvement in activity tolerance. She is able to participate in daily exercise and functional activities; however she is minimally limited due to a flare up. She is engaged in psychotherapy groups and participates in discussion. She reports physical and psychological improvements (activity pacing and positive thinking). Her pain intensity and interference measure in the moderate range, which is an improvement. The note also states the injured worker has attained the following goals; independence in flare-up management, increased strength, flexibility, cardiovascular endurance and home exercise program; increased independence in activities of daily living is partially attained. Treatment to date has included medications provide greater than 50% pain relief per note dated 8-13-15 and left shoulder decompression surgery. A request for authorization dated 9-17-15 for functional

restoration program participation-40 hours is non-certified, per Utilization Review letter dated 9-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program participation (40 hours): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the neck and left shoulder. The current request is for Functional Restoration Program participation (40 hours). The treating physician report dated 9/22/15 (19B) notes that the patient has participated in 174 hours of a functional restoration program. The MTUS guidelines pg. 49 recommends functional restoration programs 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. MTUS 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 has participated in 174 hours of a functional restoration program so far and therefore the requested additional 40 hours exceeds what is allowed by the MTUS guidelines. The current request is not medically necessary.