

Case Number:	CM15-0208336		
Date Assigned:	10/27/2015	Date of Injury:	10/11/2004
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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 was a 53 year old male, who sustained an industrial injury, October 11, 2014. The injured worker was undergoing treatment for chronic left shoulder pain status post left shoulder arthroscopic surgery secondary to a SLAP lesion, chronic bilateral knee pain, and chronic pain syndrome, chronic low back pain secondary to lumbosacral degenerative disc disease, neuropathic pain and opioid dependence. According to progress note of September 21, 2015, the injured worker's chief complaint was chronic left shoulder and bilateral knee pain. The injured worker was interested in reducing pain medications, but was unsure how to cope with the pain. The injured worker acknowledged diet and exercise would be good and the injured worker was interested in further education for this. The injured worker rated the pain at worst 7-8 out of 10 and medications reduced the pain to 5 out of 10. The medications have been therapeutic for function with activities of daily living. The objective findings during the visit were that the injured worker appeared comfortable and smiling. The injured worker did alternate between standing and sitting continuously during the visit and when waiting in the lobby. The injured worker had a mild antalgic gait. The lumbar range of motion was limited but within functional. The left shoulder range of motion was limited. The knees were without effusions. The range of motion of the knees was within functional limits. There was tenderness with palpation at the joint line. The goal was to reduce pain medications and manage the pain. The injured worker would likely benefit from an education provided with a functional restoration program. The injured worker previously received the following treatments Morphine ER 15mg two times daily and Norco 10-325mg two tablets 4 times daily. The RFA (request for authorization) dated September 21, 2015; the following treatments were requested multidisciplinary evaluation for functional restoration program. The UR (utilization review board) denied certification on October 1, 2015; for a multidisciplinary evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One multidisciplinary evaluation for functional restoration program: Overturned

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

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

Decision rationale: The 53 year old patient complains of left shoulder and bilateral knee pain, as per progress report dated 09/21/15. The request is for one multidisciplinary evaluation for functional restoration program. The RFA for this case is dated 09/23/15, and the patient's date of injury is 10/11/14. Diagnoses, as per progress report dated 09/21/15, included chronic left shoulder pain, chronic bilateral knee osteoarthritis, chronic pain syndrome, chronic low back pain secondary to lumbosacral degenerative disc disease, neuropathic pain, and opioid dependence. The patient is status post left shoulder arthroscopy secondary to SLAP lesion. Medications include Norco and Morphine. The reports do not document the patient's work status. 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 progress report dated 06/01/15, the treater mentions that the patient is new, and "will discuss with team if he has been in functional restoration program in the past. He may be a good candidate." In subsequent report dated 07/27/15, the treater states that the patient will decide regarding "going back to the functional restoration program to get off narcotics." Based on these two reports it is not clear if the patient has completed FRP in the past or not. The current request for multidisciplinary evaluation for functional restoration program is noted in progress report dated 09/21/15. In the report, the treater states that the patient seeks to reduce medication use, and "he would likely benefit from education provided with functional restoration program." The Utilization Review denied the request because the 09/21/15 progress report indicated that

"surgery was the next step for treatment of the knee." However, in an appeal letter dated 10/07/15, the treater states that the patient wishes to avoid the surgery and reduce medication use. The treater further explains that "a reduction in pain medications at this time is not possible if the patient undergoes surgery. Further, studies show that patients who are on lower doses of pain medications handle surgery (and its painful aftermath) exponentially better." The appeal letter also includes detailed description of the program. Given the patient's chronic pain and motivation to reduce medication use, an evaluation for a FRP appears reasonable. Hence, the request is medically necessary.