

Case Number:	CM15-0216915		
Date Assigned:	11/06/2015	Date of Injury:	09/13/2013
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old female, who sustained an industrial injury on 09-13-2013. A review of the medical records indicates that the worker is undergoing treatment for right shoulder pain, post carpal tunnel syndrome release surgery, pain disorder associated with general medical condition and psychological factors, major depressive disorder, general anxiety disorder, post right ulnar nerve neurolysis and chronic pain syndrome. Treatment has included pain medication, cervical epidural steroid injection, chiropractic treatment, massage, physical therapy, functional restoration program, acupuncture and application of heat and ice. On 04-16-2015 an initial evaluation for functional restoration program (FRP) was performed due to failure of conservative treatment and physical deconditioning due to disuse and-or fear-avoidance of physical activity due to pain. On 06-18-2015, another evaluation for FRP was performed with baseline functional assessments including musculoskeletal evaluation and psychological evaluations completed and goals of treatment listed. Goals of treatment including walking 40 minutes without an assistive device 4 times a week, increasing lifting capacity, performing unrestricted squat and lunge, increased cervical spine rotation and increasing right shoulder forward flexion. The physician noted that due to emotional deterioration and physical limitation, FRP was recommended to learn coping strategies to move forward with current chronic pain condition and increase self-management of pain to fully engage in gainful employment. In an undated functional restoration program progress report, the physician noted that the worker had successfully completed the third week of FRP with a total of 96 hours having been completed thus far. The worker was noted to be participating in physical therapy but found it painful. The physician noted that the worker was progressing in treatment but was still reporting moderate

symptoms of depression and anxiety related to pain symptoms, case issues and not being able to resume social and family obligations. The worker was noted to be increasing physical activity and watching her diet without any changes in weight with continued frustration. The physician reported that adding a psychotropic medication to control symptoms including sleep issues, constant worry, hopelessness and anhedonia might increase the changes of the worker resuming family and social obligations. At the end of the third week of FRP, the worker was noted to be completing 30 minutes of cardiovascular exercise using a treadmill 4 times a week; sitting tolerance was increased from 40 to 50 minutes and was completing strengthening exercises with improvements noted. A utilization review dated 10-08-2015 non-certified a request for 96 additional hours of functional restoration program neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

96 Additional Hours of Functional Restoration Program Neck: 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 Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: The claimant sustained a cumulative trauma work injury related to lifting parts with date of injury in September 2013 and is being treated for chronic neck pain. She has secondary major depressive disorder. She is participating in a functional restoration program and had completed 64 hours of participation when this request was made. She was attending daily and participating in the classes and lectures. She had pain rated at 6/10 which had increased since the start of treatment. No opioid medications were being prescribed. She was performing cardiovascular exercise for 10 minutes 4 times per week. Her sitting tolerance had increased from 30 to 40 minutes. She was performing exercises. There was consideration of adding a pharmacological agent for her depression. An additional 96 hours of participation is being requested. In terms of functional restoration programs, guidelines suggest against treatment for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant's material handling and minimal improvement in positional tolerance for sitting do not indicate substantial functional improvement that would suggest that she would progress to a sedentary work capacity. There is no return to work or vocational retraining plan. She is performing treadmill exercises for only 10 minutes and only 4 times per week. Medication for depression is being considered and further treatment of her depression can be done without requiring continued participation in a functional restoration program. The request is not medically necessary.