

Case Number:	CM15-0047777		
Date Assigned:	03/19/2015	Date of Injury:	03/22/2011
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 64 year old female, who sustained an industrial injury on 3/22/2011. The current diagnoses are complex regional pain syndrome, chronic pain, status post right elbow surgery (8/27/2012), and depression. According to the progress report dated 2/20/2014, the injured worker complains of right arm pain associated with numbness radiating down the arm. The pain is rated 5/10 on a subjective pain scale. The current medications are Amitriptyline, Neurontin, Cymbalta, and Elavil. Treatment to date has included medication management, heat/ice, physical therapy, home exercise program, and injections. The plan of care includes functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The patient presents with right arm pain with numbness radiating down the arm, rated 5/10. The request is for an UNKNOWN FUNCTIONAL RESTORATION PROGRAM. The patient is status post right shoulder arthroscopy on 06/12/14. The date of injury is 03/22/11 and there is no RFA provided. Per 02/20/15 treater report, the current diagnoses are complex regional pain syndrome, chronic pain, status post right elbow surgery (8/27/2012), and depression. Physical examination to the right arm on 02/20/15 revealed hair pattern change over dorsal forearm, pain with supination and pronation. There is pain with hyperesthesia and hyperpathia. Range of motion of the right elbow is 140 degrees for flexion and 10 degrees for extension. There are no image studies provided. Treatment to date has included medication management, heat/ice, physical therapy, home exercise program, and injections. Current medications include Amitriptyline, Neurontin, Cymbalta, and Elavil. The patient is working on light duty, per 02/20/15 report. 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. 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. " Per 9/15/14 report, treater states "the patient has tried other more conservative methods of pain management including physical therapy, medication trials, interventional procedures such as nerve blocks and injections, behavioral modification, and none of the treatments proved to be effective, long-term relief of pain. The patient is not a surgical candidate." In this case, the patient has failed all conservative treatments and presents with loss of function and chronic pain. Evaluation for FRP appears reasonable as the MTUS guideline supports functional restoration program to address chronic pain and disability. However, the request is not for consultation or evaluation, but for the program itself without specifics regarding duration. The patient needs to be evaluated first before the program can be considered. The request for FRP IS NOT medically necessary.