

Case Number:	CM15-0089268		
Date Assigned:	05/13/2015	Date of Injury:	07/01/2010
Decision Date:	06/17/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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 67 year old male injured worker suffered an industrial injury on 07/01/2010. The diagnoses included cervical spondylosis with facet pain, occipital neuralgia, left shoulder impingement, right carpal tunnel syndrome, repetitive strain injury of the upper extremities and left epicondylitis. The injured worker had been treated with acupuncture and medications. On 3/19/2015, the treating provider reported complaints of pain in the neck, left upper extremity and right hand. She reported she does not have pain free periods. She also complained of numbness and tingling in the left hand occasionally in 2 fingers and the right hand had some sensitivity. On exam the base of the head was tender which reproduced the headaches. There was positive impingement sign on the left shoulder. The treatment plan included evaluation 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:

One initial evaluation for a Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: The patient presents with chronic upper extremities pain. The current request is for One initial evaluation for a Functional Restoration Program. The Request for Authorization is dated 04/23/15. Treatment to date has included medications, physical therapy, ESI, biofeedback, acupuncture and iontophoresis. The patient's work status is not permanent and stationary. 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)." According to progress report 03/19/15, the patient complains of neck, left upper extremity and right hand pain. There is numbness and tingling in the left hand as well. Examination revealed limitation and pain throughout the cervical ROM, tenderness to palpation at the base of the occiput and positive impingement sign in the left shoulder. The patient has expressed that he would not like to pursue shoulder surgery. The treating physician recommended a FRP evaluation. In this case, the patient presents with chronic pain, has failed most conservative care thus far and does not want surgery. A functional restoration program may be an option and MTUS requires thorough evaluation to determine candidacy. The requested evaluation is medically necessary.