

Case Number:	CM14-0136212		
Date Assigned:	09/03/2014	Date of Injury:	04/20/2006
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male who reported an injury on 04/20/2006 due to a repetitive injury. Diagnoses included bilateral carpal tunnel syndromes, repetitive strain injury, myofascial pain syndromes, and bilateral shoulder and elbow strains. Past treatments included massage, acupuncture, physical therapy, chiropractic manipulation, and medication. Past diagnostics included an Electromyography (EMG) on 12/07/2006 and a magnetic resonance imaging (MRI) of the cervical spine on 01/04/2007. Results were not provided for these exams. Surgical history included left hand carpal tunnel release in 2010. The clinical note dated 07/21/2014 indicated the injured worker complained of tingling and pain in the bilateral arms, shoulders, and hands rated 7/10. Physical examination revealed tenderness to palpation in the bilateral upper extremities, decreased range of motion in the shoulders, and positive Tinel's and Phalen's tests. Current medications included Motrin. The treatment plan included a functional restoration program. The rationale for treatment and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The request for a Functional Restoration Program is not medically necessary. The California MTUS Guidelines indicate that functional restoration programs are recommended for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain. Outpatient pain rehabilitation programs may be considered medically necessary when: an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. The injured worker complained of tingling and pain in the bilateral arms, shoulders and hands rated 7/10. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain. Additionally, there is a lack of clinical documentation to indicate that an adequate evaluation and baseline functional testing had been completed, previous methods for treating the pain had failed, or that the injured worker had a significant loss of ability to function independently due to chronic pain. Therefore, the request for a Functional Restoration Program is not medically necessary.