

Case Number:	CM14-0153227		
Date Assigned:	09/23/2014	Date of Injury:	03/29/2012
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old male with a reported date of injury of 03/29/2012. The mechanism of injury was repetitive stress. The diagnoses include carpal tunnel syndrome, pain in the shoulder, pain in the forearm, depression, anxiety, pain disorder, and psychosocial problems. The past treatments included pain medication, physical therapy, psychiatric therapy, and psychiatric medication. There was no relevant diagnostic testing provided for review. There was no relevant surgical history documented in the records. The subjective complaints on 07/31/2014 included that the patient states that he is in a depressed mood. He feels like he has lost everything and is constantly feeling sad and depressed. The physical exam findings were depression, anxiety, pain disorder associated with both general medical condition and psychological factors and psychosocial problems such as loss of job, loss of hobbies, financial difficulties, and increased social isolation. The injured worker has a GAF score of 50. The injured worker's medications included capsaicin cream. The treatment plan was to enroll in a functional restoration program. A request was received for a functional restoration program quantity, 160 hours. The rationale was to return the injured worker back to work. The Request for Authorization form is not noted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (hours) QTY 160: Upheld

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

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 Functional Restoration Program (hours) QTY 160 is not medically necessary. The California MTUS Chronic Pain Guidelines state that admission to a functional restoration program may be appropriate when an adequate and thorough multidisciplinary evaluation has been performed and baseline functional testing has been completed. Additionally, documentation should show that previous treatment methods have been unsuccessful and there is an absence of other options, including surgery, likely to result in significant clinical improvement; the patient has significant difficulty functioning independently; the patient has motivation to change; and negative predictors of success have been addressed. When indicated, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, and the total treatment duration should generally not exceed 20 full-day sessions or the equivalent in part-day sessions. The injured worker has chronic pain, psychological components, and difficulty functioning, despite extensive treatment, including physical methods, injections, medications, and surgery. A multidisciplinary assessment was performed and she was noted to have an absence of other treatment options, motivation to change, and no significant negative predictors of success. It was also noted that she was physically deconditioned. However, the documentation did not include a detailed physical examination with evidence of objective functional deficits. Additionally, the request for 160 hours exceeds the recommended 2 week trial period required to establish benefit prior to continuing with the program. As the requested duration of treatment exceeds the guidelines, and as the documentation failed to include evidence of significant objective functional deficits on physical examination, the request is not supported. As such, the request is not medically necessary.