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| <b>Case Number:</b>   | CM14-0091511 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 01/09/2013 |
| <b>Decision Date:</b> | 09/03/2014   | <b>UR Denial Date:</b>       | 06/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/17/2014 |

### 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 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 patient is a 59 year old male who sustained an industrial injury on 1/09/2013, when he was struck in the chest by a door. He is treated for chronic anterior chest pain with radiation to the left shoulder/upper extremity. A prior peer review dated 6/16/2014, modified the requested functional restoration program 160 hours, to certify 80 hours. Prior surgery includes open heart surgery in May 2010. According to the FRP weekly progress report dated 7/3/2014, the patient has completed week #1 of the program, 6/30/2014 - 7/3/2014, 24 cumulative hours completed. Diagnoses are left anterior chest wall contusion and left shoulder adhesive capsulitis. He demonstrated active participation in the program components including PT/exercise/stretching, daily education sessions, psych/cognitive behavior therapy. His current medications: 1. Buprenorphine 0.1mg sublingual (up to 2 per day), 2. Gabapentin 600 1-2 qhs, 3. Nabumetone 500mg q 12h prn, 4. Aspirin 81mg, 5. Benazepril 40mg, 6. Fenofibrate 54 mg, 7. Glipizide 10mg, 8. Levothyroxine, 9. Lovastatin, 10. Metformin, 11. Metoprolol. Musculoskeletal evaluation documents lumbar ROM 80 degrees flexion, 20 extension, 15 right side bend, and 10 left side bend. Right upper extremity ROM is 145 flexion, 128 abduction, left upper extremity ROM is 118 flexion with pain in the chest, 98 degrees abduction with pain in the chest. He demonstrates 25 degrees right hip extension and 50 degrees left hip extension. Strength is 4-/5 flexion and 3+/5 abduction in right upper extremity and 3/5 flexion and 3-/5 abduction in the left. He is able to perform 10% of his ROM with a quad-dominant strategy during squat, and reports chest pain. Goals for week #2 are outlined. The patient is on TTD during duration of participation in FRP program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (in hours) Quantity: 160: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-31.

**Decision rationale:** The California MTUS states chronic pain programs (functional restoration programs) are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In the case of this patient, he has been authorized 80 hours of participation in a functional restoration program. According to the medical records, the patient has completed 24 hours of the program. It is appropriate that the patient should complete the previously authorized hours of the FRP, and there should be clear and detailed documentation of the patient's participation and response to the program. The certified 80 hours will provide the patient more than 20 full day sessions. It is not established that additional hours are medically necessary or appropriate.