

Case Number:	CM14-0098797		
Date Assigned:	07/28/2014	Date of Injury:	04/04/2012
Decision Date:	09/19/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 female with a reported date of injury on 04/04/2012. The mechanism of injury was noted to be from cumulative trauma. Her diagnosis was noted to include carpal tunnel syndrome. Her previous treatments were noted to include physical therapy, medications, and steroid injections. The progress note dated 06/10/2014 revealed the injured worker had cervical flexion of 60 degrees and an extension of 50 degrees and was able to rotate 50 degrees to the right and 45 degrees to the left. The functional restoration program reported the injured worker's cervical flexion had improved from 7 degrees at admission to 60 degrees. Extension had improved by 20 degrees and rotation had remained consistent from admission. In the upper extremities, the injured worker had shoulder flexion range of motion of 145 degrees on the right and 125 degrees on the left, and abduction range of motion of 165 degrees on the right and 150 degrees on the left. The upper extremity range of motion had improved about 20 degrees from admission. In the upper extremity strength, the injured worker improved half a grade from admission, still rating 4/5. The injured worker indicated she had joined a gym and was working out with a trainer, focusing on the same concepts and exercises performed in the clinic. The progress note dated 06/20/2014 revealed the injured worker had completed 5 weeks of the functional restoration program and showed evidence of ongoing active participation in all aspects of the multidisciplinary treatment program. The provider indicated after 5 weeks of her active participation, there was a 75% reduction in her initial severe symptoms of anxiety and depression, as measured by the Hamilton scale. The provider indicated the injured worker was less isolated and more engaged with her community and better able to manage and cope with her symptoms and there was overall improvement in her activities of daily living and self-care. The progress note from the functional restoration program dated 06/19/2014 revealed the injured worker improved in her bilateral lower hip extremity and her hip extension range of motion,

bilaterally being 5 degrees. She had also improved in her cervical spine flexion range of motion to 65 degrees. The injured worker maintained all major muscle group strength measurements with the average being 4/5. The injured worker showed improvement in her lunge percent to 70% with good body mechanics, as well as her functional lifting capabilities, with both floor-to-waist and waist-to-shoulder being 26.5 pounds. The functional restoration program goals include a structured home exercise program, supply the injured worker with equipment so she could continue exercises at home, consolidate the injured worker's future plans and promote return to work, and continue to emphasize her reduced reliance on pain medications for the long-term management of her painful condition. The Request for Authorization form was not submitted within the medical records. The request was for a functional restoration program; however, the provider's rationale was not submitted within the medical records.

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 Program: Functional Restoration Program. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines: Chronic Pain Program (Functional Restoration Program).

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs, a type of treatment included in the category of interdisciplinary pain programs, were designed to use a medically-directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. The guidelines recommend treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy, as documented by subjective and objective gains. The documentation provided indicated the injured worker had made objective functional gains; however, the request failed to provide the number of hours requested. Additionally, the guidelines do not recommend treatment for longer than 2 weeks. The guidelines state the total treatment duration should not exceed 20 full days (160 hours) and the injured worker has received approximately 114 hours with objective functional improvement. As such, the request is not medically necessary.