

Case Number:	CM14-0214106		
Date Assigned:	12/31/2014	Date of Injury:	04/23/2009
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female claimant sustained a work injury on April 23, 2009 involving the knee, chest, neck and low back. She was diagnosed with cervical and lumbar myofascial pain syndrome and chronic right knee strain. She had undergone home exercises, physical and chiropractor therapy. She had used Vicodin and Advil for pain. She had been seen by orthopedic surgeon but there was no mention of any plan for surgery or candidacy. A progress note on October 14, 2014 indicated claimant had persistent trigger points Andy upper and lower extremities. There was crepitus with passive range of motion in the right knee. There were paresthesias in the first second and third right hand digits. There were shoulder impingement findings as well as positive Tinel's and Finkelstein findings. Prior MRI of the right shoulder advanced arthrosis in the acromioclavicular joint. The physician requested 10 day trial before a functional restoration program. Claimant was motivated to improve with no identifiable secondary games. The physician wanted to improve the claimant's personal awareness and strength to deal with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program and testing trial (days) QTY: 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional Restoration Program Page(s): 30 - 33.

Decision rationale: According to the guidelines, 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. The claimant's history and desire to improve as well as failing other prior conservative measures, the request for the trial of 10 sessions at functional restoration program is medically necessary.