

Case Number:	CM15-0119194		
Date Assigned:	06/29/2015	Date of Injury:	08/13/2012
Decision Date:	07/29/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 50-year-old male who sustained an industrial injury on 08/13/2012. He reported falling into a manhole. The injured worker was diagnosed as having right shoulder rotator cuff injury; status post right shoulder surgery repair 02/2014; right frozen shoulder; left knee meniscus injury; status post left knee surgery, meniscus repair; and depression. Treatment to date has included therapy, injection, surgery and medications with medication management with monitoring. Currently, the injured worker complains of a tingling sensation with occasional pain to right shoulder and left knee. Medications include Norco and Mobic. Objectively, the right shoulder and right knee have tenderness, swelling, and decreased range of motion. According to the notes, the worker is no longer a surgical candidate. The treatment plan is for a functional restoration program to help him cope better and learn techniques for coping and managing his chronic pain condition. A request for authorization is made for a Functional Restoration Program (FRP) evaluation within the medical provider network.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) evaluation within the medical provider network:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration Program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program evaluation within the medical provider network is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured workers working diagnoses are right shoulder rotator cuff injury; status post right shoulder surgery February 2014; frozen right shoulder; left knee meniscus injury; status post left knee surgery with meniscus repair; and depression. Documentation from a May 6 2015 progress note indicates the worker has occasional pain to the right shoulder and left knee. Objectively, range of motion is decreased and motor examination is unremarkable. There is left knee local swelling. The injured worker takes Norco 10/325mg as needed. The worker has received physical therapy, shoulder surgery, left knee arthroscopy, postoperative physical therapy and medications. The injured worker is not a candidate for a functional restoration program evaluation. Documentation indicates pain is occasional and Norco 10/325mg taken once a day as needed. There are no significant functional limitations ADLs documented in the medical record. There is no documentation of cognitive behavioral therapy. The injured worker reportedly states he would like to learn better coping mechanisms and to better manage his chronic pain condition. This may be undertaken through cognitive behavioral therapy (CBT). CBT was not addressed during treatment. Consequently, absent clinical documentation of cognitive behavioral therapy as a method of treating chronic pain in conjunction with occasional pain and Norco taken on an as needed basis once per day, a functional restoration program evaluation within the medical provider network is not medically necessary.