

Case Number:	CM15-0123169		
Date Assigned:	07/07/2015	Date of Injury:	02/02/1996
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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

Certification(s)/Specialty: Emergency 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 was an 81 year old female, who sustained an industrial injury, February 2, 1996. The injured worker previously received the following treatments Flector Patches, Lidoderm Patches and Ketoprofen Cream and physical therapy. The injured worker was diagnosed with pain in the shoulder joint, pain in the upper arm and elbow and disorder muscle/ligament/fascia. According to progress note of June 3, 2015, the injured worker was being seen to refill Lidoderm Patches. The motor exam was unchanged. The sensory exam was unchanged. The reflex exam was unchanged. The straight leg raise exam was unchanged and gait was unchanged. There was pain upon palpation over the right biceps. According to the progress noted of February 10, 2015 the motor exam was 5 out of 5. The sensory exam noted pain over the right biceps muscle and scar. The treatment plan included for an evaluation for functional restoration program.

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 Functional restoration programs, chronic pain programs, Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs).

Decision rationale: The requested functional restoration program, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker was diagnosed with pain in the shoulder joint, pain in the upper arm and elbow and disorder muscle/ligament/ fascia. According to progress note of June 3, 2015, the injured worker was being seen to refill Lidoderm Patches. The motor exam was unchanged. The sensory exam was unchanged. The reflex exam was unchanged. The straight leg raise exam was unchanged and gait was unchanged. There was pain upon palpation over the right biceps. According to the progress noted of February 10, 2015 the motor exam was 5 out of 5. The sensory exam noted pain over the right biceps muscle and scar. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, functional restoration program is not medically necessary.