

Case Number:	CM15-0172309		
Date Assigned:	09/14/2015	Date of Injury:	04/15/2015
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on 4-16-15. She reported left shoulder pain. The injured worker was diagnosed as having chronic left upper extremity pain, impingement syndrome of the left shoulder, rule out neurogenic thoracic outlet syndrome, resolving left lateral epicondylitis, and myofascial pain syndrome involving the rhomboids, trapezius, and levator scapular on the left. Treatment to date has included 8 sessions of physical therapy, a Cortisone injection to the left shoulder, massage, acupuncture, and medication including Naproxen, Tylenol with Codeine, and Ibuprofen. The treating physician noted physical therapy resulted in "no change and no ability to engage in activities of daily living or return to work." On 7-31-15, the treating physician noted "in terms of activities of daily living, she noted that she is able to bathe, dress, and groom herself, but it takes her a very significant period of time to do it." Physical examination findings on 7-31-15 included mild to moderate spasm in bilateral cervical paraspinals and suboccipitals and mild to moderate spasm in her thoracic paraspinals. Upper extremity range of motion was painful at end range on the left. O'Brien's test, Hawkins's test, and Neer's test were positive on the left. Currently, the injured worker complains of right upper extremity pain from the shoulder to the finger tips rated as 7 of 10. On 8-14-15, the treating physician requested authorization for 1 full day interdisciplinary plan rehabilitation program for a functional restoration program to include physical therapy evaluation and psychological assessment. On 8-19-15, the request was non-certified; the utilization review physician noted "the requested evaluation for a functional restoration program

is not indicated. It does not appear that the patient has a significant loss of ability to function independently resulting from the chronic pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) full day interdisciplinary plan rehabilitation program for a functional restoration program to include: physical therapy evaluation and psychological assessment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The patient presents with left upper extremity pain. The request is for ONE (1) FULL DAY INTERDISCIPLINARY PLAN REHABILITATION PROGRAM FOR A FUNCTIONAL RESTORATION PROGRAM TO INCLUDE: PHYSICAL THERAPY EVALUATION AND PSYCHOLOGICAL ASSESSMENT. The request for authorization is dated 08/21/15. Physical examination reveals mild to moderate spasms in her bilateral cervical paraspinals and suboccipitals, left greater than right spasms in her trapezius and rhomboids, and mild to moderate spasms in her thoracic paraspinals. The O'Brien's is positive on the left but does not correct when applying the speeds test, which would go against a SLAP lesion. Hawkins is positive on the left. Her Neer sign is positive on the left. The patient had described having conservative management to date including physical therapy for eight sessions with no change and no ability to engage in her activities of daily living or return to work. The patient describes braces, casts, massage, and acupuncture having no change in her condition. The patient also received cortisone shots. The patient's current medications alternate between Ibuprofen or Naproxen. Per progress report dated 09/01/15, the patient is not working. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 08/20/15, treater's reason for the request is "The patient is in need of additional support and education to increase her self-management tools to allow for increased function as she is also motivated to return to work." Patient's diagnosis includes chronic left upper extremity pain, impingement syndrome of left shoulder, myofascial pain syndrome, sleep disorder secondary to pain, weight gain secondary to cortisone injection, and moderate pain avoidant and fear avoidant behavior. Given the patient's persistent, chronic symptoms, and support from MTUS for Functional Restoration Program, an Evaluation to determine the patient's candidacy is reasonable. Therefore, the request IS medically necessary.

