MAXIMUS Federal Services

Case Number:	CM15-0176004		
Date Assigned:	09/17/2015	Date of Injury:	01/18/2013
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 31 year old male injured worker suffered an industrial injury on 1-18-2013. The diagnoses included left shoulder rotator cuff injury with tendonitis, left lumbosacral sprain/strain, lumbosacral, radiculopathy. On 8-12-2015, the treating provider reported lumbar spine, lumbosacral tenderness and myofascial tightness noted along with pain on range of motion. There was tenderness over the left shoulder with decreased muscle strength. The provider reported she was learning various techniques to better cope and manage chronic pain through the Functional Restoration Program. She had cut down the use of Lyrica as well as use of Norco and further to have post FRP treatment to help manage and consolidate and mature as well as refine treatment. On 8-16-2015 the physical therapy report indicated at week #5 there was 40% improvement in patient education, 25% improvement in body mechanics, 20% improvement in posture, 25% improvement in gait, 18% in strength in lower extremity, 20% strength in upper extremity, 15% improvement in flexibly and range of motion, 20% improvement in spinal stability, and 15% improvement in function squat. She presented at that visit with a flare-up of the right Achilles, which she reported she injured years ago. She was wearing an ankle brace and had altered gait. She presented with decreased range of motion, decreased strength, decreased flexibility, decreased endurance and decreased functions capacity. The physical therapist reported she was an appropriate candidate for the functional restoration program. Prior treatments included Lyrica, Norco and ketoprofen cream. The Utilization Review on 8-28-2015 determined non-certification for Functional restoration program 2 weeks 18 visits for 10 days Monday to Friday, then 1 time per week for 8 weeks after care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2 weeks 18 visits for 10 days Monday to Friday, then 1 time per week for 8 weeks after care: Upheld

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): Chronic pain programs (functional restoration programs).

Decision rationale: Functional restoration program 2 weeks 18 visits for 10 days Monday to Friday, then 1 time per week for 8 weeks after care is not medically necessary per the MTUS Guidelines. The MTUS states that the total treatment duration of a functional restoration program should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The documentation does not indicate that additional FRP sessions are medically necessary. The patient should be well versed in a home exercise program now. Additionally, the documentation does not reveal that the patient has achieved significant objective evidence of functional improvement despite being in the fifth week of a functional restoration program. The request for continued sessions in a functional restoration program are not medically necessary.