

Case Number:	CM15-0178060		
Date Assigned:	09/18/2015	Date of Injury:	04/11/2012
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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, North Carolina
 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:

The injured worker is a 45 year old female, who sustained an industrial injury on April 11, 2012. Medical records indicate that the injured worker is undergoing treatment for myofascial pain on the right side of the neck and upper back, right cervical brachial syndrome, thoracic spine pain, right shoulder adhesive capsulitis, chronic pain syndrome, reactive depression and pain-related insomnia. The injured worker is not working. Current documentation dated August 11, 2015 notes that the injured worker reported having completed a functional restoration program and stated that she had more neck, back and shoulder pain in the program. The injured worker was not taking any medication while attending the program. Objective findings revealed significant tenderness to palpation along the mid-thoracic spine. Also noted was tenderness to palpation along the anterior and posterior aspects of the left shoulder. Abduction was to about 170 degrees. Flexion was within normal limits with pain. A Hawkin's test was positive. The functional restoration program discharge note dated 8-3-2015 through 8-7-2015 notes the injured workers range of motion improved by 10-15 degrees, her trunk and shoulder posture improved and there was overall improvement in lower extremity strength and cervical spine range of motion. The documentation notes that the injured worker "would continue to benefit with a focus on scapular and core stabilization and body mechanics and posture training and upper and lower extremity strengthening." Treatment and evaluation to date has included medications, MRI of the thoracic spine (7-3-2014), physical therapy and functional restoration program (80 hours). Current medications include Ibuprofen, Butrans, Naproxen and Protonix. Current requested treatments include a request for a Northern California functional restoration program (additional 80 hours-10 days). The Utilization Review documentation dated August 20, 2015 non-certified the request for a Northern California functional restoration program (additional 80 hours-10 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

functional program, additional 80 hours (10 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

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

Decision rationale: This is a request for an additional 80-hour function restoration program (FRP). The patient has previously completed an 80 hour FRP. Evidence-based guidelines necessitate the documentation of evidence of demonstrated efficacy as documented by subjective and objective gains. The total treatment duration should not exceed 20 sessions without clear rationale for specified extension and reasonable goals to be achieved. In this case, there is documentation of previous 80 hours of FRP treatments. There is documentation of a clear rationale for specific extension and goals to be achieved. However, there is also documentation that the patient had more pain in the program, and despite improved range of motion, there is no clear documentation of evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the request for an additional FRP is not medically necessary or appropriate.