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| Case Number: | CM15-0178688 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 06/13/2013 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 09/02/2015 |
| 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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 40 year old male, who sustained an industrial injury on 6-13-2013. Medical records indicate the worker is undergoing treatment for shoulder joint pain, neck pain, depression, pain in upper arm joint, anxiety and psychogenic pain. The discharge report from a functional restoration program, dated 8-6-2015, stated the injured worker's functional improvements in the program of overall improved strength, range of motion, posture and body mechanics. A recent progress report dated 8-18-2015, reported the injured worker complained of chronic right shoulder and upper extremity pain. Physical examination revealed right elbow tenderness with full range of motion. Right wrist magnetic resonance imaging showed degeneration of the triangular fibrocartilage and mild extensor carpi ulnaris tendinosis. Right elbow magnetic resonance imaging showed mild common extensor tendinosis. Treatment to date has included functional restoration program, physical therapy, Norco, Orphenadrine-Norflex, Pantoprazole, Cymbalta and Mirtazapine. On 8-6-2015, the Request for Authorization requested an additional 52 hours of functional restoration program. On 9-2-2015, the Utilization Review non-certified a request for an additional 52 hours of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 52 hours of functional restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references].

Decision rationale: Key case observations are as follows. The claimant was injured in 2013 with diagnoses of shoulder pain, neck pain, depression, anxiety and psychogenic pain. The discharge report from the functional restoration program from August noted the program was completed with overall improved strength, range of motion, posture and body mechanics. The patient had continued chronic right shoulder and upper extremity pain. While the MTUS gives a clear role to functional restoration programs such as in this claimant's case, here is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated: "Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days." There comes a time when more harm than good can be done by continuing programs, instead of encouraging the claimant to move on to self care and autonomy from the health care system. The request is not medically necessary.