

<b>Case Number:</b>	CM15-0020112		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/01/1998
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: 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 58 year old female, who sustained an industrial injury on 6/1/98. Initial complaints were not reviewed. The injured worker was diagnosed as having carpal tunnel syndrome bilateral; left shoulder rotator cuff tear; right shoulder pain; post laminectomy syndrome-lumbar; status post 3 lumbar back surgeries; left knee pain; right knee pain; meniscal tear left; myofascial pain syndrome; medications dependency; bilateral ankle pain; left ankle fracture; right shoulder pain. Comorbid conditions include obesity (BMI 32.2). She has not worked since 2002. Treatment to date has included multiple surgeries, TENS unit; physical therapy, chiropractic therapy, aquatic therapy, acupuncture, orthotics, massage, multiple joint injections, knee brace, traction and medications. Currently, the PR-2 dated 1/13/15 indicated the injured worker had multiple areas of complaints. She still had pain in her back, right knee, shoulder and the wrist (CMC joint). Her hand pain has improved though not returned to normal. She reported a pain level of 9/10 which improved to 6/10 with medications but still requires the use of both Norco and Oxycodone to allow her to function. After right carpal tunnel release on 4/25/2011 her grip and sensation improved but not to normal levels. The left carpal tunnel release on 2/3/14 had resolved left wrist symptoms but since then she had developed palmer fibrosis which was not believed to be related to the carpal tunnel and they are looking at treatment options. The right ankle sprain had improved and she had received shoes which help her gait. The left ankle fracture was also better with prescribed shoes. Her neck and back pain continued to be her number one problem as other things are getting taken care of. The provider's notes documented she has been on medications for at least a year for her back and a goal set to

get her off OxyContin but so far without success. The documentation submitted indicated she has had three back surgeries. On exam there is pain and limited motion to right shoulder and lower back, straight leg raises were positive bilaterally. The PR-2 note treatment plan included chiropractic referral for a trial of therapy and acupuncture, surgeon for the right shoulder complaints and medications refills. He has also requested a Functional Restoration Program Evaluation per the PR-2 denied at Utilization Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional Restoration Program Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 1 pg 5, 11, 15-6; Chp 3 pg 48: Chp 5 pg 77, 92; Chp 12 pg 299-301, Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Work conditioning, work hardening Page(s): 30-4, 125-6.

**Decision rationale:** Functional Restoration Program (FRP) is an established program of rehabilitation that utilizes a comprehensive, multidiscipline, individualized approach to maximize functional independence. It focuses on function not pain control and is useful for complex and/or refractory problems. However, it is not a set of defined therapies available at any program. Therefore, referral to such a program should also be based on the historical effectiveness of that specific program. Usually the more intensive the program the more effective it is. The MTUS does advise that selection of the patient is important, as effectiveness requires personal motivation on the part of the patient. It also notes that, if the reason for the therapy is to avoid an optional surgery, a trial of 10 visits should be used. At any rate, treatment for longer than two weeks is not recommended unless there is evidence of effectiveness of the program. Furthermore, the ACOEM guidelines suggest work hardening training after prolonged inactivity and for reconditioning after absence from work in order to prevent re-injury. The data suggests the longer the individual is off work the less effective physical rehabilitation becomes. The crux of the decision to have this patient undergo a FRP hinges on this patient's motivation, which is key to a successful rehabilitation. Additionally, the MTUS lists selection criteria for enrollment in a FRP. The provider has not established that the patient meets these criteria nor is motivated to return to the workforce. She has undergone multiple therapies yet continues to have significant pain. Trials to lessen her pain medications have not been successful. There were no notes or psychological evaluations to assess for mental, financial or social barriers to healing. At this point in the care of this patient for enrollment in a Functional Restoration Program has not been established and is not medically necessary.