

Case Number:	CM15-0062534		
Date Assigned:	05/13/2015	Date of Injury:	08/25/2010
Decision Date:	06/16/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55-year-old male, who sustained an industrial injury on 8/25/10. He reported bilateral arm fractures and fractures in left foot. The injured worker was diagnosed as having left shoulder status post rotator cuff repair and debridement, subacromial decompression, bilateral arm and hand flexion contractures status post-surgical intervention for multiple fractures, depression and anxiety. Treatment to date has included left rotator cuff repair, surgical repair of fractures, oral medications, physical therapy and home exercise program. Currently, the injured worker complains of ongoing left shoulder pain. Physical exam noted left shoulder wounds well healed and pain of both arms with limited range of motion and evidence of flexion contractures of bilateral hands and multiple fingers. The treatment plan included a Functional Restoration Program for both arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: A functional restoration program (FRP) is a type of interdisciplinary pain program specifically tailored for those with chronic disabling occupational musculoskeletal disorders. The focus is to maximize function rather than eliminate pain. While additional quality research is needed, the MTUS Guidelines recommend this treatment. A two-week trial is recommended with additional treatment after demonstrating both patient-reported and objective improvement. The submitted and reviewed records indicated the worker was experiencing pain in the right shoulder and both arms and anxious and depressed moods. These records suggested the planned program would focus on improving the worker's function and coping skills. While there was no detailed documentation of the worker's functional limits, the examinations described significant physical movement limitations. In light of this supportive evidence, the current request for referral to a functional restoration program is medically necessary.