

Case Number:	CM15-0069365		
Date Assigned:	04/16/2015	Date of Injury:	11/04/2010
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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 58 year old female, who sustained an industrial injury on 11/04/2010. She has reported subsequent neck and shoulder pain and was diagnosed with cervicalgia, shoulder impingement syndrome and adhesive capsulitis of the right shoulder. Treatment to date has included oral pain medication, trigger point injections, physical therapy and surgery. In a progress note dated 01/06/2015, the injured worker complained of right scapular girdle pain and axial neck pain. Objective findings were notable for increased cervicothoracic kyphosis and decreased range of motion of the lumbar spine with pain and guarding. A request for authorization of a functional restoration program was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Admission to Functional Restoration Program for 5 days per 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

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 arm and depressed mood. These records detailed the worker's significant functional limitations due to ongoing pain and described the planned program focusing on improving the worker's function and coping skills. However, the request was for longer than a two week trial, and there was no submitted documentation demonstrating improvement with such a trial as supported by the Guidelines. In the absence of such evidence, the current request for admission to a functional restoration program for five days per six weeks is not medically necessary.