

Case Number:	CM15-0069748		
Date Assigned:	04/17/2015	Date of Injury:	10/24/2013
Decision Date:	05/22/2015	UR Denial Date:	03/27/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old male, who sustained an industrial injury on 10/24/13. The injured worker has complaints of right arm pain. The diagnoses have included chronic pain syndrome; electrical injury and neck and right upper arm pain. Treatment to date has included physical therapy; ice; transcutaneous electrical nerve stimulation unit; functional restoration program and medications. The request was for functional restoration program 16 part day sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 16 part day sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: Based on the 03/16/15 progress report provided by treating physician, the patient presents with right arm pain rated 6-7/10. The request is for Functional Restoration

Program 16 Part Day Sessions. RFA dated 12/03/14 was provided. Patient's diagnosis on 12/03/14 included electrocution and nonfatal effects of electric current. Treatment to date has included physical therapy, ice, TENS, functional restoration program and medications. Patient medications include Nortriptyline, Gralise, Ibuprofen, Mirtazapine, Norco, and Voltaren gel. The patient has been unemployed since 10/24/14, and remains temporarily totally disabled per 03/16/15 treater report. MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS does not recommend more than 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. Per FRP report dated 03/10/15, the patient "has been compliant with his attendance and there have been no medical barriers, [the patient] is following through with his exercises have found the educational information very helpful, particularly for reducing anxiety, he has a diagnosis of PTSD." The patient completed 7 authorized part-day sessions of 5 hours each. The request is for "16 additional part-day sessions (total) = 80 hours." Per 03/16/15 treater report, the patient "has been attending FRP program. He reports that with the sessions that he has completed it has been helpful. He has learned techniques to help manage his chronic pain and improve his functional abilities. Additional sessions have been requested." The patient "continues to walk daily up to an hour, does light house work, helps his wife with cooking at times. Assists taking care of his two year old child and doing other light duties at home, actually even a little more since starting the FRP program." Treater has documented functional improvement and benefit with completed 7 sessions of FRP. The request for additional 16 sessions would total 23 part day or 11.5 full day sessions, which is still within MTUS allowable 20 full-day sessions. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.