

Case Number:	CM14-0102257		
Date Assigned:	07/30/2014	Date of Injury:	10/21/2013
Decision Date:	09/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported an injury of unknown mechanism on 10/21/2013. On 05/19/2014, her diagnoses included rotator cuff syndrome, bursitis, bicipital tenosynovitis, lateral epicondylitis, and carpal tunnel syndrome. Her complaints included ongoing pain in the left elbow, arm, and wrist. She rated her pain at 4/10 and stated that the pain was intermittent, lasting less than 1/3 of the day. It was exacerbated by carrying, driving, lifting, pulling, pushing, and reaching. It was relieved by heat, medicines, and ice. She felt that her medications had given her 40% to 60% relief. Her medications included pantoprazole 20 mg, tramadol 150 mg, and Ativan 1 mg. The pain interfered with her ability to perform her own personal care, to drive, to get good quality sleep, to concentrate, and with her relationships with others. The rationale for the request was that based on this injured worker's lack of response to a home exercise program and a failure of physical therapy, the recommendation was for her to be evaluated for a Functional Restoration Program. There was also a request for a second opinion with an orthopedic physician, due to her failure of conservative treatment. A Request for Authorization dated 06/09/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR EXALUATION TO DETERMINE CANDIIDACY FOR FUNCTIONAL REHABILITATION PROGRAM (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs) (FRPs) Page(s): 30-33..

Decision rationale: The California MTUS Guidelines state that Functional Restoration Programs may be recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs were geared specifically for patients with chronic, disabling, occupational musculoskeletal disorders. These programs emphasize function over the elimination of pain. Long term evidence suggests that the benefit of these programs diminishes over time. There appears to be little scientific evidence of the effectiveness of multidisciplinary biopsychosocial rehabilitation programs. Some of the criteria to be considered for a Functional Restoration Program are that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, the patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, and The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Although failure of conservative treatment was noted in the submitted documentation, there were no details regarding the types of conservative care, the modalities used, or the functional benefit or pain reduction results therefrom. Additionally, there was no documentation of failed trials of antidepressants or anticonvulsants for pain. Furthermore, there was no documentation of attempts at acupuncture or chiropractic treatments to relieve her pain or increase her functional abilities. The clinical information submitted failed to meet the evidence based guidelines for Functional Rehabilitation Program evaluation. Therefore, this request for Request for evaluation to determine candidacy for Functional Rehabilitation Program (FRP) is not medically necessary.