

Case Number:	CM13-0005932		
Date Assigned:	12/11/2013	Date of Injury:	10/27/2010
Decision Date:	03/24/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial lifting injury of October 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior left shoulder arthroscopy of September 27, 2011; attorney representation; a 12% whole person impairment rating through an Agreed-Medical Evaluation; and psychotropic medications. In a utilization review report of October 23, 2013, the claims administrator denied a request for a functional restoration program, largely on the grounds that the utilization reviewer had not received a callback. The applicant's attorney subsequently appealed. In a July 16, 2013 multidisciplinary evaluation report, it is stated that the applicant is a former cook. Physical therapy and manipulative therapy have been unsuccessful, as had surgery. The applicant has issues with anxiety, chronic pain, and insomnia. She is becoming frustrated. It is stated that the applicant would like to improve. The applicant is presently on Norco and Naprosyn. Some of the goals in the program include improved function and strength. Another stated goal is to instruct the applicant on how to perform home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Rehabilitation Program for 30 partial days/160 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on page 32 of the Medical Treatment Utilization Section (MTUS) Chronic Pain Medical Treatment Guidelines, the total treatment duration should not exceed 20 full days or 160 hours. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that treatment should not proceed for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, however, the attending provider has sought all 160 hours or 20-full day session equivalent at the outset of the program. The attending provider has not made any plans or provision for interval reassessment of the applicant to ensure the presence of subjective and objective gains, as suggested on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on independent medical review.