

<b>Case Number:</b>	CM13-0009092		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 [REDACTED] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of February 1, 2011. Thus far, the applicant has been treated with the following: analgesic medications, right shoulder arthroscopy, subacrominal decompression, AC joint resection surgery on November 26, 2012 and 60 sessions of physical therapy over the life of the claim; and work restrictions. It does not appear that the applicant has returned to work at her former employer with said limitations in place. In a utilization review report of July 26, 2013, the claims administrator apparently denied a request for functional capacity evaluation, an additional 18 sessions of physical therapy, and 90 tablets of Naprosyn. In an August 2, 2013 note, the attending provider apparently declares the claimant permanent and stationary. An earlier note of June 28, 2013 is notable for the comments that the applicant is reportedly 70% better as compared to surgery. The applicant's shoulder range of motion is well preserved with flexion and abduction in the 170 degree range despite pain. 5/5 strength is appreciated. The applicant is nevertheless asked to pursue 18 additional sessions of physical therapy for her reportedly "frozen" shoulder. She is given 90 tablets of Naprosyn. A rather proscriptive "no use of right upper extremity" limitation is endorsed. This is unchanged when compared against a prior note of May 24, 2013 and when compared against multiple prior notes throughout 2013, many of which suggest that the applicant is off of work and using Naprosyn and Butrans for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation:** 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 Work Conditioning Section Page(s): 125.

**Decision rationale:** While MTUS does not address all indications for an FCE, Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does state that an FCE can be obtained as a precursor to enrollment in a work conditioning or work hardening program. In this case, however, there is no indication or evidence that the applicant is intent on attending a work conditioning or work hardening program. It is further noted that the Chapter 7 ACOEM Guidelines note that FCEs are widely used, overly promoted, and not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, the applicant is off of work and apparently has no intention of returning to work. Pursuit of an FCE is superfluous in this context. Therefore, the request is not certified.

**Additional physical therapy, three times a week for six weeks to the right shoulder:** 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 Physical Medicine Guidelines Section Page(s): 99.

**Decision rationale:** The applicant is now outside of the postsurgical physical medicine period established in MTUS 9792.24.3 following prior shoulder surgery in November 2012. The California MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines support tapering or fading the frequency of treatment over time and supports an overall course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. In this case, the applicant has had prior treatment (60 sessions) well in excess of that supported by the chronic pain guidelines. It is further noted that no clear goals for further treatment have been offered by the attending provider. It appears that the applicant has reached a plateau with prior treatment and has been declared permanent and stationary. Her shoulder motion and shoulder strength are well preserved at this point. It is unclear what purpose further physical therapy would serve.

**Anaprox 550mg #90:** 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 Anti-inflammatory Medications Section Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment, in this case, the applicant has used Naprosyn chronically. There is no clear evidence of functional improvement as defined in MTUS 9792.20f affected through prior usage of same. It does not appear that the applicant has returned to work. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. There is no evidence of diminished reliance on medical treatment. Rather, the attending provider appears intent on pursuing further physical therapy. The applicant's continued usage of Butrans, long-acting opioid, further argues against diminished reliance on medical treatment. For all of these reasons, then, the request for Naprosyn is not certified owing to a lack of functional improvement through prior usage of the same.