

Case Number:	CM13-0013271		
Date Assigned:	09/25/2013	Date of Injury:	09/18/2011
Decision Date:	03/18/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 patient is a 40-year-old male who reported injury on 09/08/2011. The mechanism of injury was noted to be the patient was lifting 5 metal fence post weighing approximately 150 pounds and the patient put the fence post on his shoulder and experienced a sharp pain in the shoulder. The patient underwent an arthroscopic labral resection repair on 02/03/2012 and had modest pain relief and range of motion improvement. The patient underwent medications, and postoperative physical therapy. The patient's diagnosis was noted to be rotator cuff syndrome of the shoulder and allied disorders. The request was made for a HELP interdisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A HELP interdisciplinary evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Section Page(s): 30-32.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and

thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review indicated the patient had baseline functional testing. Additionally, it indicated that the patient had documented sleep disturbance and sexual dysfunction, weight gain, evidence of reversible deconditioning, was not a candidate for surgery and other invasive interventions, had a psychological evaluation, had a documented loss of functional ability with medically reasonable potential for improved performance and functional capacity, and was motivated to return to work. However, there was a lack of documentation included for review regarding the objective findings of the baseline functional testing. Given the above, the request for a HELP interdisciplinary evaluation is not medically necessary.