MAXIMUS Federal Services

Case Number:	CM13-0014875		
Date Assigned:	10/07/2013	Date of Injury:	10/22/1996
Decision Date:	01/13/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

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 Pain Management and Rehabilitation, 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 patient is a 69-year-old male who reported a work related injury on 10/22/1996. He had undergone open repair of left rotator cuff x2, arthroscopy of right shoulder with partial resection of the glenoid labrum, manipulation of left shoulder with injection of Depo-Medrol, and right 3rd trigger finger release x2. The patient was noted to be in a weight management program. The current request is for 1 independent physical fitness program between 07/02/2013 and 10/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical fitness program: 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 Exercise Page(s): 46-47.

Decision rationale: Progress report dated 05/09/2013 stated the patient had severe back pain and was unable to sleep. It was noted that he was depressed and eating too much and was very self-critical. Progress note dated 06/25/2013 stated the patient was suffering serious pain from having lifted heavy rocks when he was on vacation. The clinical note dated 07/22/2013 stated the patient

was in Lindora's Weight Management Program. His weight was 245.3 pounds and he had lost 3.3 pounds on this Final Determination Letter for IMR Case Number CM13-0014875 3 fourteenth series. California Chronic Pain Medical Treatment Guidelines state that exercise is recommended as there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is a lack of documentation submitted for review. There was no clinical documentation presented noting the patient's significant functional deficits and the reason for the patient's need for a physical fitness program. There was also no documentation submitted which included a physical exam for the patient. The clinical documentation submitted for review does not support the request. As such, the request for 1 Independent physical fitness program between 7/2/2013 and 10/12/2013 is non-certified.