

Case Number:	CM13-0021920		
Date Assigned:	07/02/2014	Date of Injury:	07/29/2010
Decision Date:	10/07/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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:

Patient is a 62 year-old female with date of injury 07/29/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/07/2013, lists subjective complaints as pain in the neck and bilateral shoulders. Objective findings: Patient had areas of swelling on the left shoulder, which was slightly tender to palpation. Patient can forward flex both shoulders at 120 degrees albeit with pain in the last 20 degrees of forward flexion. There was generalized weakness in both forearms, wrists, and hands. Diagnosis: 1. Complete tear of the rotator cuff, bilateral shoulders 2. Left shoulder retraction 3. Cervical sprain/strain 4. Compression medial nerve at the right wrist. Patient has been attending a functional restoration program since at least 08/29/2013, and has claimed improvement in performing activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR ADDITIONAL TWO (2) WEEKS FOR BILATERAL SHOULDERS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs)

Decision rationale: According to the Official Disability Guidelines, at the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury. The primary treating physician's progress report, dated 08/07/2013, shows that the patient has achieved functional restoration. Extension of the functional restoration program is not medically necessary.