

Case Number:	CM13-0023289		
Date Assigned:	06/06/2014	Date of Injury:	07/21/2011
Decision Date:	07/31/2014	UR Denial Date:	08/12/2013
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 Physical Medicine & 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 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:

The injured worker is a 57-year-old female who reported injury on 07/21/2011. She sustained an injury while preventing a man, who was trying to force himself through a door at a senior center, from coming in. On 11/28/2012 the injured worker presented with chronic left upper extremity pain, paresthesias, and left sided and upper back pain. Prior therapy included surgery, medications and participation in a functional restoration program. Upon examination of the neck, there was tenderness to palpation over the posterior cervical paraspinal muscles primarily to the left over the C3-4 levels. There was increased pain on lateral rotation of the head to the right. Examination of the upper back noted tenderness to palpation of the lower trapezius and the left superomedial border of the scapula. An examination of the left shoulder revealed tenderness to palpation of the left anterior aspect of the shoulder. There is limitation in both forward flexion and abduction. There was decreased sensation to light touch and pin prick in upper left ulnar nerve distribution. The diagnoses were mild traumatic ulnar neuropathy, chronic pain syndrome, myofascial pain to the left side of the neck and upper back, left shoulder rotator cuff tendinosis without rotator cuff tear on MRI and pain related insomnia. The provider recommended additional 52 hours of a functional restoration program. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 52 HOURS OF A FUNCTIONAL RESTORATION 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 Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The California MTUS states that function restoration programs are recommended where there is access to programs with proven successful outcomes for injured workers with conditions that put them at risk for delayed recovery. The general criteria for use of functional restoration program includes adequate and thorough evaluation including baseline functional testing so that followup with the same tests can note functional improvement, previous methods of treating chronic pain that have been unsuccessful, pain and a significant loss of mobility to function independently resulting from chronic pain, the injured worker is not a candidate where surgery or other treatments would clearly be warranted, and the injured worker exhibits motivation to change, and negative predictors of success have been addressed. The included medical documentation does not have evidence of efficacy of the prior participation in the functional restoration program. There was not adequate baseline functional testing provided so that followup for the same tests can note functional improvement. The latest note entry provided was dated 12/04.2012; there was no updated physical exam of the injured worker to notate deficits or improvements. As such the request is not medically necessary.