

Case Number:	CM13-0026089		
Date Assigned:	07/02/2014	Date of Injury:	01/24/2012
Decision Date:	08/05/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/18/2013

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:

This patient is a 45-years-old female, date of injury is on 1/24/12. Subsequent to a fall she developed chronic cervical, left shoulder, left hip, left knee and low back pain. She has been treated with physical therapy, multiple spinal injections (epidurals and facet) and left shoulder surgery for impingement syndrome. Cervical MRI studies revealed no stenosis and minimal degenerative changes. Lumbar MRI showed mild degenerative changes. Spinal surgical consultation opinioned that there was no significant stenosis and no indications for lumbar surgical intervention. The Spinal Surgeon suggested a functional restoration program. The primary treating physician requested a functional restoration program on 8/9/13. The shoulder surgery was performed 8/7/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 30,32.

Decision rationale: The request for a functional restoration program (FRP) does not meet MTUS Guidelines based on several issues: 1) An FRP program is not recommended if surgical procedures are recommended. This patient has shoulder surgery 2 days before the request for an FRP and it is not know how this will affect her overall pain or functioning. 2) With the recent shoulder surgery she would not be able to fully participate for several months in the exercise portion of a program. 3) The specific program requested is not documented. MTUS Guidelines are very specific that only programs with proven success should be considered. Per Guidelines a particular programs evidence of success with workers compensation patients is necessary before approval. The request for a FRP does not meet MTUS Guideline Criteria. There are no unique circumstances that would support an exception to the Guideline recommendations. The program of Functional Restoration Program is not medically necessary.