

Case Number:	CM13-0029222		
Date Assigned:	03/17/2014	Date of Injury:	12/17/2011
Decision Date:	04/15/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/25/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient has a date of birth 4/8/73. She sustained a work related injury to the left shoulder and cervical spine on 12/17/11. The injury was secondary to repetitive trauma driving a bus. The diagnoses include: 1. Impingement syndrome status post decompression on the left with persistent symptomatology. 2. Discogenic cervical condition with nerve studies obtained in the past revealing no radiculopathy. 3. The patient has issues of headaches, sexual dysfunction, and weight gain of 45 pounds. 4. History of depression. The patient is status post operative arthroscopy, synovectomy, bursectomy, coracoacromial ligament release and Neer-type acromioplasty for impingement syndrome and tendinitis of the left shoulder on 9/6/12. There is a request for an evaluation for a functional restoration program. She has multiple post op PT visits and a TENS unit. She suffered cervical pain as well. She wishes to avoid cervical injections and for this reason has not seen a physiatrist. A 6/18/13 NCS/EMG was negative. A 5/30/13 office visit revealed tenderness along the AC joint as well as weakness against resistance on the left side. She is doing well in terms of motion. Shoulder abduction and flexion is 160 degrees on the left. Internal rotation is 50 degrees and external rotation is 80 degrees. Status/Post Cortisone injection left shoulder on last visit that gave her one week's worth of relief. There was discussion of a possibility of surgery at the AC joint and patient would need imaging studies of the shoulder first. A 6/25/12 MRI of the left shoulder revealed: Focal fraying of the posterior superior labrum. Glenohumeral capsulitis possibly an adhesive capsulitis. Modest degeneration of the AC joint. An 8/2/13 report by the primary treating physician states that the patient has had MRI of the neck in February 2012 revealing C5-C6 disc disease but avoided epidural injections and has not been sent to any physiatrist. She is getting gradually better motion and needs to get stronger to be able to return to work, which is her plan. A 9/9/13 report by the primary treating physician notes that

the patient has current complaints of neck pain trying to avoid surgery or further injections. Exam: Tenderness along cervical paraspinal muscles, trapezius and shoulder girdle on the left as well as rotator cuff and biceps tendon. She has some weakness against resistance to shoulder abduction. Flexion; internal and external rotation secondary to pain. Her diagnoses include: status post left shoulder decompression. Discogenic cervical condition with no radiculopathy, headaches, depression, weight gain. Plan: Patient is not currently working. Evaluation for a FRP is requested. Medications: Flexeril, Tramadol ER, Prilosec, Terocin lotion, Terocin patch, Remeron, Norco. A document dated 10/15/13 states that the patient has daily pain in both the neck and left shoulder. Pain is rated at 5/10 on a daily basis. Pain does increase with driving and activities. She denies having any spasm, numbness, and tingling. She is currently not working. She does minimal chores. She is able to fold clothes and make sandwich for herself as well as doing self-care without assistance. Pain does affect her sleep. She describes sleep pattern as "tossing and turning all night." She gets approximately six hours of sleep total with waking up in between. There is a request again for a functional restoration evaluation as the patient would like to return to work and she would like to know her functioning condition. She has been exercising five times a week to help with physical fitness as well as with her mood. She intends to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 30-32.

Decision rationale: An evaluation for a functional restoration program is medically necessary per the MTUS guidelines. An evaluation for a function restoration program is not a definitive admission to a functional restoration program but rather provides an adequate and thorough baseline testing and evaluation of the patient to see whether the patient is indeed appropriate for this type of program. Additional information indicates that the patient is motivated to return to work. She has some functional limitations in regards to her pain. She wishes to avoid future surgery or interventional procedures but continues to suffer from chronic pain despite conservative treatment. She is also dependent on numerous medications and has had some psychological issues secondary to her pain. An evaluation for a functional restoration program is medically necessary.