

Case Number:	CM13-0030223		
Date Assigned:	11/27/2013	Date of Injury:	11/17/2010
Decision Date:	02/04/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine & 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 was a 36 year old female with a DOI of 11/17/2010. The patient complained of pain to the right side of her neck and bilateral upper extremities. The patient participated in a functional restoration program for her right shoulder from 08/05/2013 - 08/09/2013. The patient was noted to have 75% reduction in her symptoms by the end of the program. The patient had successfully completed the program on 08/09/2013 and was recommended for aftercare following her discharge from the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional [REDACTED] Functional Restoration Program, right shoulder: 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 Section Functional Restoration, Approach to Chronic Pain Management Page(s): 7 and 49.

Decision rationale: The MTUS guidelines recommend functional restoration to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions and that functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. There was no documentation submitted for review addressing the

employee's ability to return to work following the functional restoration program nor was there a prolonged period of inactivity documented. The MTUS guidelines note that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as demonstrated by subjective and objective gains. The employee had completed the program and was documented to have 75% improvement of symptoms. The employee was recommended for aftercare following completion of the program. The request as submitted does not indicate the number of sessions being requested. Given the information submitted for review the request for additional [REDACTED] Functional Restoration Program, right shoulder is non-certified.