

Case Number:	CM13-0032819		
Date Assigned:	12/06/2013	Date of Injury:	08/30/2005
Decision Date:	02/10/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/08/2013

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, has a subspecialty in Pain Management, 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:

This is a 64-year-old male; date of injury is 08/30/2005. The requests for HELP, physical therapy, and psychological assessment were denied by utilization review letter 09/03/2013 citing lack of physical exam findings to document physical limitations, lack of considered treatment provided to this patient, and no urinary toxicology documenting compliance with opioid medications. [REDACTED] requests authorization for these services per report 08/15/2013. He has diagnostic impressions of chronic post-op pain neck, joint pain, spasm muscle, and shoulder pain as Oswestry score was 10 for 44% disability. Under discussion, he is making a case that the services be provided out of his office rather than having to travel somewhere else, and he wanted the patient to have functional restoration here in [REDACTED]. List of medications are omeprazole, Percocet 1 p.r.n., amitriptyline, metformin, simvastatin, glipizide, and Tribenzor. He indicates on this report that the patient received a call from the office stating that service had been authorized and that he should be reporting to [REDACTED]. QME report from 04/17/2013 was provided for review. This report indicates that the patient had shoulder surgery in November 2005 and felt it was helpful, returned to work 9 months later until 2007, at which time the left shoulder became too painful. The patient, beyond the experience of depressive symptoms, is experiencing sadness on daily basis with his interest in activity substantially declined. The patient starts having problems with worrying as well. Sadness impairs his ability to perform chores around the house, has impaired ability to interact with his wife with anger issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Evaluation for Health Education for Living with Pain (HELP) Interdisciplinary Pain Rehabilitation Program related to Shoulder Injury including Physician Examination, Physical Therapy and Psychological Assessment, as an Outpatient (unspecified laterally) between 8/26/2013 and 10/10/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Functional Restoration Programs (FRPs), Page(s): 49.

Decision rationale: The request is for an evaluation for Health Education for Living with Pain (HELP), physical therapy, and psychological assessment on outpatient basis for Functional Restoration Program. Review of the QME report from 04/17/2013 outlined this employee's disability and functional deficits not only due to chronic shoulder pain but due to psychiatric sequelae including depression, sadness, excessive worrying, et cetera. The MTUS guidelines, page 49, recognize the need for Functional Restoration Program stating, "Recommended, although research is still ongoing as to how to mostly appropriately screen for inclusion on these programs." Given the request for an evaluation for the program including physical and psychological assessment, recommendation is for authorization.