

Case Number:	CM13-0032975		
Date Assigned:	12/06/2013	Date of Injury:	10/01/2008
Decision Date:	03/18/2014	UR Denial Date:	09/27/2013
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 Family Practice 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 is a 47-year-old male who reported an injury on 10/11/2008. The mechanism of injury involved repetitive heavy lifting. The only physician progress report submitted for this review is documented on 09/17/2012 by [REDACTED]. The patient was diagnosed with cervical sprain/strain, lumbar strain/sprain, and right shoulder sprain. Physical examination revealed positive Neer and Hawkins testing with limited range of motion. The patient was to undergo right rotator cuff repair followed by postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) additional weeks (10 days, 2 weeks, 60 hours) of a functional restoration program, weeks 5 and 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. Total treatment duration should not

generally exceed 20 full day sessions. As there is no documentation of a recent physician progress report, the current request cannot be determined as medically appropriate. There is no evidence of the patient's previous participation in the functional restoration program with objective measurable improvement. Therefore, additional sessions cannot be determined as medically appropriate at this time. Based on the lack of documentation clinical information submitted for this review and the California MTUS Guidelines, the request is non-certified.