MAXIMUS Federal Services

Case Number:	CM13-0037028		
Date Assigned:	12/13/2013	Date of Injury:	03/16/2011
Decision Date:	02/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/22/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 51-year-old female who reported an injury on 03/16/2011. The patient is currently diagnosed with shoulder pain, cervical pain, and cervical facet syndrome. The patient was recently seen by [redacted] on 11/15/2013. The physical examination revealed restricted cervical range of motion, hypertonicity, tenderness and tight muscle banding on the right, positive Spurling's maneuver, positive right cervical facet loading pain, trigger points with radiating pain and twitch response on palpation, restricted right shoulder range of motion, and intact sensation. The treatment recommendations included continuation of current medication and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional restoration program completion of remaining 14 sessions: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Chronic Pain Program.

Decision rationale: The 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. There should be documentation of an adequate and thorough evaluation prior to admission into a functional restoration program. The total treatment duration should generally not exceed 20 full day sessions. The treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. As per the clinical notes submitted, the patient has completed 6 sessions of a functional restoration program between 09/11/2013 through 09/27/2013. The 09/27/2013 multidisciplinary physical therapy evaluation does document improved cervical spine range of motion, sitting tolerance, and standing tolerance. However, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is no documentation of extenuating circumstances, which would warrant substantially more than 2 weeks of full time sessions. Furthermore, the patient's latest physical examination documents ongoing restricted range of motion, tenderness to palpation, hypertonicity, tight muscle banding, trigger points, and positive facet loading maneuver. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.