

Case Number:	CM13-0041254		
Date Assigned:	12/20/2013	Date of Injury:	06/15/2007
Decision Date:	03/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Interventional Spine 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 54-year-old male with date of injury on 06/15/2007. The progress report dated 10/10/2013 by [REDACTED] indicates that the patient's diagnoses include: 1. Right shoulder rotator cuff injury with tear. 2. Myofascial pain syndrome. 3. Status post right shoulder repair on 01/17/2011 with persistent right shoulder pain. 4. Right shoulder sprain/strain injury. 5. Cervical disk injury. The patient continues to have chronic pain and discomfort in the neck and right shoulder. Patient reports that the functional restoration program was quite helpful to him in order to better manage his pain condition. The patient was able to cut down his pain medication of Norco 3 tablets a day down to 3 times a week on average. Exam findings include positive rotator cuff impingement in the right shoulder. There is decreased cervical range of motion. Request was made for the patient to have a post-FRP program once a week for 8 weeks, so the patient could have an opportunity to refresh his memory, so he can continue to practice the functional restoration program techniques at home independently. The utilization review letter dated 09/25/2013 indicates that the patient had 6 weeks of functional restoration program treatment, and a post-FRP program was denied as there was no stated rationale for aftercare program as opposed to follow-up with regular office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

post FRP program 1 day a week times 8 weeks: 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: The patient continues with chronic pain in the neck and right shoulder. The patient has had 6 weeks of treatment of functional restoration program. The patient has been able to continue exercises he learned from the program including techniques and Tai Chi, yoga, exercise program, and cognitive meditation techniques. MTUS Guidelines page 30 to 33 regarding chronic pain programs recommend total treatment duration should generally not exceed 20 full-day sessions. MTUS further states that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The request for additional 8 sessions at frequency of once a week so the patient can refresh on his exercise techniques does not appear to be reasonable. After 6 weeks of therapy, the patient should have been well instructed and given adequate instruction as to how to continue techniques on his own. Furthermore, the goal of all functional restoration program is to teach self-management and self-reliance in manage of chronic pain. On-going intervention to keep providing more and more help would appear to defeat that purpose. Therefore, recommendation is for denial.