

Case Number:	CM13-0043214		
Date Assigned:	04/25/2014	Date of Injury:	06/13/2008
Decision Date:	06/16/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 63-year-old male who was injured on 06/13/2008 who sustained 3 injuries. The first was on 11/13/2006 when he was a passenger in a car and was T-boned suffering injuries to the chest, low back and right shoulder. The second injury occurred on 4/30/2007 when he was struck from behind while sitting a stoplight. The third injury was on 06/13/2008 when he had a slip and fall accident while grabbing onto the railing on marble steps with his right hand, injuring his right shoulder, falling and hitting the marble with his sacrum suffering low back pain. Diagnostic studies reviewed include MRI of the cervical spine performed in 11/2008 show a C5-C6 broad-based disc protrusion with osteophyte formation without cord or nerve root impingement. Pain and rehab note dated 01/16/2014 reports the patient has continued persistent severe right shoulder pain. He has difficulty raising his right arm. He also has persistent neck pain and back pain. Objective findings on examination of the right shoulder reveal he has a significant painful arc. He has weakness of the rotator cuff. He had a positive drop sign with some home exercises. He has been able to get his arm up partially. He has cervical paraspinous tenderness with some pain with range of motion. He has intermittent right arm numbness and tingling in the C7 and C6 dermatome tested with sharp and dull testing. He takes XXXXXXXXXX Heat wrap and Lidoderm. The patient has been recommended to be evaluated by a functional restoration program. Consultation note dated 09/23/2013 reports the patient has complaints of headaches, neck pain, low back pain, and again worsened right shoulder pain. He was treated with 48 sessions of physical therapy. He reports the pain is made worse with performing at or above shoulder motions or lifting more than several pounds with the right upper extremity. The pain does radiate to the base of the cervical spine and to the periscapular regions and to the cervicobrachial regions bilaterally and to the proximal portion of the left shoulder. The pain in the back is worse on the right side than the left side. It is made worse with repetitive

bending and twisting and sitting more than 30 minutes or standing and walking more than 20 minutes. On exam, right shoulder flexion is limited grossly to 90 degrees, external rotation full at 90 degrees, internal rotation about 30 degrees, and extension is limited to 30 degrees. There had been spasm and guarding noted about the cervical spine. The lumbar spine has spasm and guarding at the base of the lumbar spine with flexion about 40 degrees, extension is limited at 20 degrees. The patient is diagnosed with rotator cuff tear of the right shoulder, cervical spondylosis with cervical disc herniation at C5-C6, and multilevel degenerative disc disease lumbar spondylosis. Prior Utilization Review (UR) dated 10/08/2013 documents authorization is denied for an evaluation at the [REDACTED] Functional Restoration Program because there is no evidence that supports the risk of a delayed recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION AT THE [REDACTED] FUNCTIONAL RESTORATION PROGRAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32,49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines / (FUNCTIONAL RESTORATION PROGRAM) Page(s): 30-32.

Decision rationale: According to MTUS guidelines, functional restoration programs (FRP's) may be recommended for patients whose conditions put them at risk of delayed recovery. The patient has chronic neck, back and shoulder pain. The patient has several negative predictors of success for FRP including duration of pre-referral disability time and psychosocial distress. Otherwise guideline criteria are met. The patient is not considered a surgical candidate at this time. Medical necessity is established for an initial evaluation only to determine suitability for entry into a functional restoration program.