

Case Number:	CM13-0043381		
Date Assigned:	01/15/2014	Date of Injury:	09/24/2009
Decision Date:	03/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 45 year old male who sustained injury on 09/24/2009 while lifting a piece of lumber when he slipped on a piece of paper and landed on his left shoulder. The initial evaluation demonstrated a fracture of the inferior margin glenoid. Treatment history includes left shoulder arthroscopic surgeries on 07/13/2010 and in June 2011, postoperative therapy, medications, and spinal cord stimulator. MRI of the cervical spine without contrast revealed C2-3: mild left facet osteoarthropathy; C3-4 minimal left facet osteoarthropathy; C4-5 mild left facet osteoarthropathy with left foraminal stenosis. Conclusion: mild multilevel degenerative changes as described. Noted 04/09/2013 MRI Brachial plexus left without contrast: findings include no evidence of brachial plexus pathology. Postsurgical changes left glenoid tubercle. MRI of cervical spine without contrast 03/07/2013, found limited study aside from mild generalized cervical spondylosis, no definite abnormalities are observed. Study is limited by patient motion. MRI of the brachial plexus without contrast dated 03/07/2013 showed non diagnostic study due to uncontrolled patient motion. A initial evaluation for functional restoration program dated 10/03/2013 indicates the examinee presented with complaints of chronic left upper extremity pain, chronic neck and upper back pain, right lower back and right lower extremity pain, and depression. Physical examination showed the patient was in acute distress with severe pain and facial grimacing throughout the visit. Patient had difficulties getting from seated to standing position and utilized a cane. Notes indicate that it took the patient approximately 2-3 minutes to walk approximately 15 feet to the exam room. Patient was moderately obese. When examined, the left shoulder showed well healed arthroscopic surgical scars. Patient held the left arm close to his body with guarding and used his right arm to support the left. Patient could not extend fingers without assistance of right hand. Left hand was clenched in a slight fist and could not abduct or flex the left shoulder greater than 20°. It is noted, tenderness to palpation over the left medial

border of the scapula both at the superior and inferior aspects. There was tenderness over the posterior cervical paraspinal muscles primarily on the left with gross limitation in cervical range of motion on all planes of motion. There was tenderness to palpation over the lower lumbar paraspinal muscles with guarding noted on lumbar flexion and extension. Straight leg raise testing reproduced some painful symptoms in the lower back on the right. Gait was grossly antalgic. Weightbearing was favored slightly on the left leg. Patient required usage for a cane for ambulation. He was diagnosed with chronic left shoulder pain, long thoracic nerve injury, chronic pain syndrome, and reactive depression. The current review is for 1 functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs are: 1. A negative relationship with the employer/supervisor; 2. Poor work adjustment and satisfaction; 3. A negative outlook about future employment. 4. High levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); 5 Involvement in financial disability disputes; 6.Greater rates of smoking; 7.Duration of pre-referral disability time; 8.Prevalence of opioid use; and 9.Pre-treatment levels of pain. As per the records review, the patient was noted to be on long-term use of opioid medication. The patient was diagnosed with their severity of pain has been severe in nature and significant psychological and functional limitations were reported. The criteria for functional restoration program have not been established. The request for a functional restoration program is not medically necessary and appropriate.