

Case Number:	CM13-0044792		
Date Assigned:	06/09/2014	Date of Injury:	08/11/2010
Decision Date:	07/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 injured worker is a 41-year-old male who sustained an injury to his left shoulder on 08/11/10 when he had a mechanical fall and hurt his shoulder. The injured worker was up in the attic when he tripped and fell backwards, landing on his upper back and left shoulder. The injured worker developed left shoulder pain as well as pain between the shoulder blades. Treatment to date has included oral medications, physical therapy and shoulder injections. His morbidity is 256 pounds and 6'4" tall. The injured worker complained of constant, dull, achy pain at 5-9/10 on the Visual Analogue Scale (VAS). The injured worker has demonstrated signs of depression and frustration in regards to the situation. He stated that his goal is to get back to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (20 DAYS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The request for functional restoration program times 20 days is not medically necessary. The previous request was denied on the basis that the request for four

weeks is in excess of the CA MTUS guidelines. The CA MTUS recommends an initial trial of two weeks to determine evidence of functional improvement is associated with the program. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Given the clinical documentation submitted for review, medical necessity of the request for functional restoration program times 20 days has not been established. Therefore, the request is not medically necessary.

MONTHLY FOLLOW UP VISITS TIMES 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The request for monthly follow up visits times six is not medically necessary. The previous request was denied on the basis that necessity for ongoing treatment will be predicated on the injured worker's response to the program and the necessity for continuing treatment, this request is premature and speculative. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment; however, given that the request for four weeks was modified to two weeks, medical necessity of the request has not been established. Therefore, the request is not medically necessary.