

Case Number:	CM13-0045428		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2011
Decision Date:	03/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 35-year-old male who reported an injury on 02/10/2011. The patient is diagnosed with bilateral shoulder strain and pain, chronic pain syndrome, and status post right shoulder surgery. The patient was seen by [REDACTED] on 10/03/2013. The patient reported increased pain in bilateral shoulders. Physical examination only revealed no acute distress. Treatment recommendations included continuation of current medications and an evaluation for a multidisciplinary functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for multidisciplinary evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. As per the documentation submitted, the patient's physical

examination was not provided on the requesting date of 10/03/2013. A previous examination by [REDACTED] was performed on 09/27/2013, and revealed normal range of motion of the cervical spine, decreased shoulder abduction, and 5/5 motor strength. There was no documentation of a significant musculoskeletal or neurological deficit. Additionally, there is no evidence of the patient's motivation to change and willingness to forego secondary gains. Negative predictors of success have not been addressed. Furthermore, there is no evidence of a failure to respond to previous methods of treating chronic pain with an absence of other options that are likely to result in significant clinical improvement. Based on the clinical information received, the request is non-certified.