

Case Number:	CM13-0046354		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2010
Decision Date:	03/31/2014	UR Denial Date:	10/21/2013
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 Occupational Medicine and is licensed to practice in Oregon. 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:

This is a 30 year old male with chronic pain in the neck, lumbar and bilateral shoulders. Date of injury was 4/19/10. He has chronic left shoulder pain and limited ROM. He had left shoulder surgery with decompression, bursectomy and labral repair on 9/23/10. He has chronic right shoulder pain due to a partial rotator cuff tear. He had chronic lower back pain and left leg pain due to discogenic disease. He has not had back surgery. He has depression and anxiety. At issue are an additional 20 days (4 weeks) of Functional Restoration Program (FRP). He did complete 30 days of FRP from 9/30/13 to 11/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Rehabilitation Program for 20 days for the neck, lumbar and bilateral shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: The guidelines state that for continuation of a FRP longer than the initial 2 weeks (10 days) there should be evidence of demonstrated efficacy as documented by subjective

and objective gains. Subjective gains were documented, but were not supported. There was no reported improvement in his global assessment of functioning (GAF) score. The reported reduction of 25 % in anxiety and depression was not supported. The worker was started back on an opioid medication (buprenorphine) during the first 10 days of FRP when the opioids had been discontinued prior to starting the FRP. This would indicate his pain was getting worse after starting the FRP and a sign of regression in his pain management. The objective measurements on physical exam for his back, neck and shoulders showed overall mild improvement, but not significant improvement. He showed improvement in sitting tolerance and aerobic capacity. Overall there was not a significant improvement in his overall level of functioning to recommend approval of additional FRP. Therefore, the requested services at NCFRP are not medically necessary at this time.