MAXIMUS Federal Services

Case Number:	CM13-0047268		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2009
Decision Date:	03/14/2014	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 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 & 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 44-year-old male who was injured on 07/10/2009. Mechanism of injury was reported as him sustaining injury on 07/10/2009 while moving a large wok. He stated in the process of moving the wok, a piece of metal came off and he fell backwards landing in the seated position. He attempted the break the fall with an outstretched left hand. Prior treatment history has included physical therapy, chiropractic treatment, medications, two epidural injections by [redacted] on 07/28/2010 and on 08/25/2010. The patient had a trial of trigger point injections performed by [redacted] did not help. While under the care of [redacted], the patient underwent left shoulder surgery, additional physical therapy postoperatively, and pain management counseling with [redacted]. He underwent left subscapularis repair on 10/2011 by [redacted] which helped. The surgery afforded him more movement and strength; however, the pain continued and he still has limited range of motion. Diagnostic studies performed include: X-ray of the left knee in three views performed on 06/10/2010 was normal. MRI of the left shoulder performed on 07/10/2009 by [redacted] revealed mild supraspinatus and infraspinatus tendinosis with no evidence of full-thickness rotator cuff tear. There was no evidence of muscle atrophy. A mild degree of fibrotic changes resulting in a moderate degree of indentation, supraspinatus musculotendinosus with a small amount of fluid in the subacromial, subdeltoid bursa was noted. Clinic note from [redacted] of 08/02/2013 documented the patient to have complaints of pain in his neck, left upper trapezius, axial low back, left gluteal area, left posterior thigh, and left anteromedial calf. The pain is constant in nature and feels tight and hot. At times, overhead activities with his left arm and bending his back exacerbate his pain. Objective findings on exam included: The patient had limited left shoulder abduction and forward flexion to active range of motion to approximately 90Â° associated with pain. There was positive tenderness to palpation at the left infraspinatus with associated taut muscle bands.

Palpation in this location caused left anterior shoulder pain. There was positive tenderness to palpation upon his left sacral paraspinals with associated taut muscle bands. Palpation in this location caused his typical pain in this area. There was positive Faber's Test of the regarding left sacroiliac joint. The patient was diagnosed with: 1. Chronic pain syndrome a. Cervicalgia i. Strain with regional myofascial pain syndrome. b. Lumbago i. Strain with regional myofascial pain syndrome (left sacral paraspinals, gluteal muscles) ii. Left sacroiliac joint ligament strain. c. Left shoulder pain. i. Impingement syndrome. ii. Regional myofascial pain syndro9me of the left shoulder. d. Left knee with contusion. 2. Major depression disorder, moderate per [redacted]. 3. Sleep disorder due to chronic pain and depression. His PM&R AME, [redacted], his psychologist QME [redacted], and his psychologist, [redacted], all recommended that [redacted] undergo a functional restoration program to maximize his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, 15 part day sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic Pain Programs (functional restoration program) Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic Pain Programs (functional restoration program) Page(s): 30-32.

Decision rationale: This employee was diagnosed with chronic pain syndrome. According to the MTUS Guidelines, functional restoration program is recommended if there is significant loss of ability to function independently due to chronic pain. However, a note dated 08/02/2013 indicates that the employee is independent in self-care activities of daily living. Also, it is noted that the employee is interested in getting back to work but it is unclear if the employee currently has a job or any specific return to work goal is in place. Therefore, the request is non-certified.