

Case Number:	CM13-0047297		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2012
Decision Date:	03/17/2014	UR Denial Date:	10/02/2013
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 Family Practice and is licensed to practice in 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 55-year-old male who reported an injury on 10/15/2012. The mechanism of injury involved a slip and fall. The patient is currently diagnosed with right AC joint arthritis with persistent pain, right shoulder impingement syndrome, osteoarthritis of the left knee, bicipital tendinitis, and left lateral meniscus injury. The patient was seen by [REDACTED] on 09/03/2013. Physical examination revealed limited right upper extremity range of motion, diminished strength in the right upper extremity, intact sensation, significant tenderness to palpation over the right AC joint and subdeltoid bursa region, positive McMurray's testing in the left knee, positive Hawkins' impingement sign on the right, and positive acromioclavicular compression sign on the right. Treatment recommendations included continuation of current medication and authorization for a health functional restoration program

IMR ISSUES, DECISIONS AND RATIONALES

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

3 week part day treatment at [REDACTED] Pain Rehabilitation Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

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

Decision rationale: Chronic Pain Medical Treatment Guideline 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. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. As per the documentation submitted, the patient has been treated with medication, physical therapy, a home exercise program, ice therapy, and a steroid injection. The patient has undergone behavioral medicine consultation and testing, as well as a physical therapy evaluation. However, it is noted on a Qualified Medical Evaluation completed by [REDACTED] on 12/11/2013, the patient is a candidate for a right shoulder reconstruction with a total shoulder arthroplasty which has already been recommended. The patient is interested in surgical intervention and, therefore, has not yet reached maximum medical improvement. As the patient is considered a surgical candidate and is interested in surgical intervention, the patient does not currently meet criteria for a functional restoration program. Therefore, the request is non-certified.