

Case Number:	CM13-0048404		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2008
Decision Date:	03/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 48-year-old female who reported an injury on 12/30/2008. The mechanism of injury was not specifically stated. The patient is currently diagnosed with left shoulder rotator cuff injury, status post left shoulder rotator cuff surgery, left shoulder adhesive capsulitis, left shoulder tendinitis, and left shoulder sprain/strain injury. The patient was seen by [REDACTED] on 10/09/2013. The patient reported persistent pain involving the left shoulder. Physical examination revealed decreased left shoulder range of motion. Treatment recommendations included continuation of current medication, authorization for a Functional Restoration Program, and a random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

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

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

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. As per the documentation submitted, there is no evidence of an adequate and thorough evaluation including baseline functional testing. There is no indication that previous methods of treating chronic pain have been unsuccessful with an absence of other options likely to result in clinical improvement. Additionally, the patient's physical examination on the requesting date of 10/09/2013 only revealed decreased left shoulder range of motion. There is no documentation of a significant loss of the ability to function independently. Based on the clinical information received, the request is non-certified.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 5 years ago to date and there is no indication of non-compliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.