

Case Number:	CM13-0049375		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2010
Decision Date:	03/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Illinois. 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 61-year-old male who reported an injury on 06/25/2010. The mechanism of injury was not specifically stated. The patient was diagnosed with a right shoulder rotator cuff tear, right shoulder tendonitis and shoulder sprain/strain. A Request for Authorization form was submitted by [REDACTED], Physical Therapist, on 11/08/2013 for the continuation of a functional restoration program. The patient has completed 6 weeks of the [REDACTED] Functional Restoration Program. The patient demonstrated minimal improvement with subjective tolerance and no improvement in sleep quality. The patient also demonstrated no changes in upper or lower extremity strength. The patient failed to demonstrate improvement with range of motion of the cervical spine. There were also no changes in step up/down or lifting functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) x two (2) weeks at [REDACTED], Mon-Fri: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Chronic Pain Programs, Functional Restoration Programs Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state that 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, the patient has participated in 6 weeks of a functional restoration program. The medical necessity for an additional 2 weeks of a functional restoration program has not been established. There is no documentation of significant objective measurable improvement. Total treatment duration should not generally exceed 20 full day sessions. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.