

Case Number:	CM13-0052707		
Date Assigned:	12/30/2013	Date of Injury:	06/15/2007
Decision Date:	04/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 expert 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 male patient with the date of injury of June 15, 2007. A utilization review determination dated October 23, 2013 recommends non-certification of functional restoration program 1 x week for 8 weeks. The previous reviewing physician recommended non-certification of functional restoration program 1 x week for 8 weeks due to lack of documentation of clearly defined goals and a stated rationale for the necessity of an aftercare program as opposed to follow-up with regular office visits. A Comprehensive Visit Note dated October 10, 2013 identifies pain and discomfort involving neck and right shoulder and states the pain is worse with colder weather. He pointed out that FRP program has been helpful in the past. Objective findings identify positive rotator cuff impingement in the right shoulder. There is decreased cervical range of motion. Current Diagnoses identify right shoulder rotator cuff injury with tear, myofascial pain syndrome, status post right shoulder repair on January 17, 2011 with persistent right shoulder pain, right shoulder sprain/strain injury, and cervical disc injury. Review of Records identifies The post FRP program will be helpful to refresh his memory and doing exercises to improve his strength and endurance and to help refresh his memory so he can continue to practice FRP techniques at home independently. Treatment Plan identifies he had great response in the past with FRP program and the fresh class will help the patient to better understand his coping as well as adjustment of his chronic pain condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM 1 X 8 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Chronic Pain Programs.

Decision rationale: California MTUS does not address the issue. ODG cites that suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. Within the documentation available for review, the post FRP program is requested to refresh his memory and doing exercises to improve his strength and endurance and to help refresh his memory so he can continue to practice FRP techniques at home independently. However, defined goals are not clearly identified. It is unclear why the patient will require 8 weeks for the goals to be met. In light of the above issues, the currently requested functional restoration program is not medically necessary.