

Case Number:	CM13-0054721		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2007
Decision Date:	04/14/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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 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 30 year old male with date of injury 12/19/2007. The patient is status post two arthroscopic surgeries for the right shoulder, the second which occurred on 7/02/2010. Patient sustained his injury while carrying two bundles of sheetrock upstairs, each weighing approximately 70 pounds. When the weight of the sheetrock was too much for him, he fell backwards and was pinned. He hit his right side. The primary treating physician's progress report dated 4/05/2013, states subjective complaints as a burning pain in his right shoulder radiating to the hands. It is worse with lying on his right side and better with exercise and ice. He also complains of numbness, weakness and swelling of the right hand. Objective findings include: right shoulder joint atrophy of the posterior deltoid, tenderness in the per scapular muscles, glenohumeral joint, sub deltoid bursa and trapezius. Inspection of the hand revealed deformity in the flexor digitorum profundus sheath of the right 5th digit; unable to fully extend. The patient was made permanent and stationary I an Agreed Medical Examiner on 11/18/2009. His diagnosis at the time was right shoulder impingement, status post subacromial decompression. EMG nerve conduction studies of the right upper extremity on 06/26/2012 revealed a right C8 radiculopathy. Since that time the patient's diagnoses have changed to C8/T1 Cervical Radiculopathy vs. brachial plexopathy (right). The medical record indicates that the patient has been doing his customary seasonal field work with permanently-assigned work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 part day sessions(trial) FRP Track II: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8.

Decision rationale: The patient has been permanent and stationary for nearly 4 years. Medical record indicates that he has been doing his usual and customary job, although with permanent restrictions. The goal of a functional restoration program is to maximize functional independence and pursue a vocational and a vocational goals, as measured by functional improvement. The patient has already returned to his usual and customary vocation. 12 part day sessions (trial) FRP Track II is not medically necessary.