

Case Number:	CM13-0056629		
Date Assigned:	12/30/2013	Date of Injury:	06/15/2011
Decision Date:	03/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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, 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 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 injured worker is a 36-year-old male with an original date of injury on June 15, 2011. The patient has diagnosis of rotator cuff syndrome, and myalgia/myositis. The patient has had shoulder surgery and reports decreasing range of motion and increasing pain. The patient is felt to have adhesive capsulitis and has reached maximal medical improvement with restricted range of motion. The patient has been treated with physical therapy, pain medications including narcotics, trigger point injections, home exercise program, shoulder steroid injections. The patient expresses desire to work. Modifications to work cannot be accommodated according to the notes. A utilization review determination on October 24, 2013 noncertified the request for functional restoration program. The utilization reviewer cited that a qualified medical evaluation performed discuss the possibility of an orthopedic third opinion and possible injections. Since other treatment options remain a possibility, the criteria for functional restoration program were not felt to be met.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines state that functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Criteria include (1) An adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change; and (6) Negative predictors of success above have been addressed. According to the medical records, this request for authorization is for an evaluation for a functional rehabilitation program. The requesting healthcare provider specified that the patient exhibits motivation to return to work. The patient has had a secondary consultation with an orthopedist who felt that there is no necessity for operative intervention. Negative predictors of success have not been addressed in this case. However, these negative predictors of success can be addressed in an evaluation to see if the patient is a suitable candidate for a functional rehabilitation program. Therefore, the requested HELP evaluation is medically necessary and appropriate.