

Case Number:	CM13-0059431		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2013
Decision Date:	06/20/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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:

The patient is a 62 year old female who was injured on 05/28/2013 when she was attacked and knocked down at work. As a result of the attack, she injured her left hand, left hip and left shoulder. Prior treatment history has included a sling, cast, Toradol injection, physical therapy, home exercise program and a left shoulder cortisone injection. Prior UR's certified left shoulder MUA and 14 postop physical therapy visits as well as cognitive behavioral psychotherapy sessions and biofeedback training sessions. Visit note dated 02/03/2014 reports the patient with ongoing pain in the left shoulder described as aching and nagging. She rates her pain on average throughout the past week at a 4/10 which occurs frequently and last about 2/3 of the day. The patient rated her ability to complete walking, sitting and getting out of a chair without difficulty and rated chores at a 3, personal care 2, leisure activities 2 and driving 2. When questioned on how much the pain interfered with the following activities, she rated them all at a 3: sleep, mood, ability to concentrate, relationship with others and enjoyment of life. The diagnosis was a contusion of hip, frozen shoulder and adjustment disorder. Assessment shows her employer has been unable to accommodate her work restrictions. She continues to have left shoulder pain as a result of prolonged sitting and forward reaching of her computer. Her work status was reported as temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP) EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS).

Decision rationale: ODG: Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances: (1) The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on health-care providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. (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. According to the visit note dated 02/03/2014 the patient reported ongoing pain in the left shoulder described as aching and nagging, rated on average at a 4/10. She reports she indicates minimal slight to minimal restriction in performing various activities and in how pain impacts various activities. There is no documentation of physical examination of the left shoulder. The medical records do not establish this patient is a candidate for functional restoration program in that it is not substantiated that she has significant loss of function and exhibits three or more of the circumstances as outlined in the OGD guidelines referenced above. In addition, it is not established that previous methods of treating chronic pain have been unsuccessful and that there is sense of other options likely to result in significant improvement. Furthermore, the guidelines require that all diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. Consequently, the medical records have not established the patient is candidate for a PRP, and so the medical necessity of a PRP evaluation has not been established.

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81. Decision based on Non-MTUS Citation OFFICIAL DISABILITY

GUIDELINES (ODG), FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION (FCE).

Decision rationale: The medical records do not establish that a functional capacity evaluation is medically indicated for the management of this patient. There no indication that the patient is at or close to MMI with all key medical reports secured, and any potential additional/secondary conditions clarified. There is inadequate documentation establishing failed return to work attempts, conflicting medical reporting on precautions or fitness to perform modified job duties, or that she has injuries that require detailed exploration of her abilities. In addition, a work hardening program is not being considered. Consequently, the medical necessity of a functional capacity evaluation has not been established. The request is not supported by the evidence-based guidelines.