

Case Number:	CM13-0060774		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2012
Decision Date:	06/03/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 49 year old female whose date of injury is 4/7/12. The patient reports that she injured her left shoulder while lifting garbage out of a can. The patient underwent left shoulder debridement, subacromial decompression, and lysis of adhesions on 5/6/13 followed by a course of postoperative physical therapy. The patient subsequently completed a functional restoration program. A weekly progress report dated 2/14/14 indicates that the patient has reported significant improvements in her mood and mental status, her ability to engage in activities of daily living, and her overall functionality. She has demonstrated understanding of the independent home exercise program. Her levels of anxiety and depression have remitted by approximately 75%.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 HOURS OF A CONTINUOUS FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for 160 hours of a continuous functional restoration program is not recommended as medically necessary. The submitted records indicate that the patient has completed five weeks of a functional restoration program. The patient's mood and mental status have stabilized rather significantly. The patient has reported significant improvements in her ability to engage in activities of daily living and her overall functionality. She has demonstrated understanding of the independent home exercise program. The California MTUS guidelines note that total treatment duration of a functional restoration program should generally not exceed 20 full day sessions. As such, the request is not medically necessary.