

Case Number:	CM13-0060986		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2010
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Interventional Spine 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 32-year-old female with a date of injury of 10/11/2010. The listed diagnoses per [REDACTED] dated 11/18/2013 are: (1) Right shoulder sprain/strain, (2) Repetitive strain injury, (3) Myofascial pain syndrome, (4) Right shoulder rotator cuff injury, (5) Right lateral epicondylitis, (6) Right forearm pain. According to report dated 11/18/2013, the patient presents with pain and discomfort involving her neck, right shoulder, and right upper extremity. Objective findings revealed decreased right shoulder range of motion with positive rotator cuff impingement of right shoulder. There is decreased cervical range of motion. There is also myofascial trigger point in cervical paraspinal musculature. It was noted that patient is taking Naprosyn and tramadol and was utilizing Lidoderm patches. Report goes on to note that physical therapy and cortisone injection has been recently denied for the right shoulder. The patient continues with "uncomfortable pain", therefore, a request for authorization for FRP evaluation and treatment at [REDACTED] is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) weeks of a functional restoration program between 11/22/2013 and 1/6/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: This patient presents with pain and discomfort involving her neck, right shoulder, and right upper extremity. The report dated 11/18/2013 makes a request for evaluation and treatment for functional restoration program. The duration was not noted. The Chronic Pain Guidelines recommend functional restoration programs and will indicatively be considered medically necessary when all criteria are met including: (1) Adequate and thorough evaluation have been met, (2) Previous methods of treating the chronic pain have been unsuccessful, (3) Significant loss of ability to function independently resulting from chronic pain, (4) Not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change, and (6) Negative predictors of success above have been addressed. The reports do not described that the patient has been evaluated for these issues. The Guidelines recommend a thorough evaluation before recommendation for a functional restoration program (FRP) can be prescribed. Recommendation is for denial.