MAXIMUS Federal Services

Case Number:	CM13-0065626		
Date Assigned:	01/03/2014	Date of Injury:	05/30/2011
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 an employee of [redacted] and has submitted a claim for cervicalgia, right shoulder AC joint arthrosis, and right shoulder rotator cuff tendinopathy associated with an industrial injury date of 05/30/2011. Treatment to date has included the following medications: Vicodin, Gabapentin, Theramine, Tramadol, Voltaren, and Paroxetine. The utilization review from 12/03/2013 denied the request for functional restoration program 10 days, 5 days a week for 2 weeks. The reasons for denial were not made available in the records submitted. Medical records from 2013 were reviewed showing that patient complained of right-sided neck, right shoulder and right arm pain associated with numbness. Thre was tenderness at right paracervical, right trapezius, medial right scapular border, and right acromioclavicular joint associated with spasm and guarding. Cervical flexion was 2 inches from chin to chest, cervical flexion at 40 degrees, rotation at 40 degrees bilaterally, lateral bending to the right at 40 degrees, and lateral bending to the left at 30 degrees. Range of motion of right shoulder was normal, however with presence of pain. The right elbow extension was less than 5 degrees, while flexion was greater than 135 degrees. Motor strength of right shoulder flexor and abductor was graded 4/5. Both horn blower's test and impingement test for the right shoulder were positive. Deep tendon reflexes were equal and symmetric.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM TEN (10) DAYS. FIVE (5) DAYS A WEEK FOR TWO (2) WEEKS AT SIX (6) HOURS A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic Pain Programs (Functional Restoration Programs).

Decision rationale: According to pages 31-32 of the California MTUS Chronic Pain Medical Treatment guidelines and ODG pain chapter, functional restoration programs may be considered after an adequate and thorough multidisciplinary evaluation has been made as well as all conservative treatment options have been exhausted and the patient is not a surgical candidate. In this case, there was no indication that the patient has participated in a multidisciplinary evaluation or has there been discussion concerning surgical ineligibility. A note dated 09/25/2013 cited a request for physical therapy. It is unclear based on the medical records submitted if the patient has started the treatment already or if she failed a trial of physical therapy. Therefore, the request for functional restoration program ten (10) days, five (5) days a week for two (2) weeks at six (6) hours a day is not medically necessary.