

Case Number:	CM13-0071177		
Date Assigned:	03/03/2014	Date of Injury:	07/20/2007
Decision Date:	09/11/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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 Preventive Medicine, has a subspecialty in Occupational 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 injured worker is a 47 year old female worker who was injured at work on 07/20/2007 while doing a two person lift. She complains of sharp pain in her neck that travels to her left elbow. She also complains of sharp dagger-like pain in her left scapular area that travels to the upper scapular area; headaches and vertigo. The physical examination is positive for mild limitation in shoulder range of motion and slight weakness in her upper arms due to pain. She has been diagnosed of chronic left shoulder pain secondary to rotator cuff tear, status post left shoulder arthroscopy; chronic intractable neck pain secondary to cervical degenerative disk disease with disc herniation; chronic daily headaches; chronic pain syndrome; Opioid dependence; and Anxiety. Her treatments include steroid injection, physical therapy, Chiropractic care, and Norco. In dispute is the request for functional restoration program (20 days + 6 monthly follow-up) for the shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (20 days + 6 monthly follow-up) for the shoulder and neck:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Functional restoration program emphasizes the restoration of function over the elimination of pain. It is an interdisciplinary program that incorporates exercise progression with disability management and psychosocial intervention. The MTUS recommends limiting the treatment to two weeks except if supported by documented evidence of subjective and objective benefits. Therefore, there has to be ongoing assessment of patient participation and compliance; documentation of complicating problems and progress toward specific goals; and reduction in disability and medical utilization. Consequently, the request for 20 days of functional restoration program plus 6 monthly follow-up for the shoulder and neck is not medically necessary, as it exceeds the recommended limit without documentation of benefits.