

Case Number:	CM13-0071404		
Date Assigned:	01/10/2014	Date of Injury:	02/07/2000
Decision Date:	08/08/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/27/2013

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 and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 02/07/2000 due to moving a 100 pound transfer case and felt a severe jerk in the shoulder. The injured worker had a history of right arm pain and neck pain. The injured worker had a diagnosis of degenerative cervical vertebra disc, reflex sympathetic dystrophy of the upper extremity, sacroiliitis, lumbago, complex regional pain syndrome, and cervicgia. No diagnostics included for review. Per the clinical note dated 08/26/2013, the injured worker reported his current pain at 8/10 at his best and with severity being 10/10 using the visual analogue scale. The medication included Cymbalta, hydrocodone, oxycodone, Topamax, Elavil, Duragesic patch and a lidocaine patch. The past treatment included a right stellate ganglion block dated 01/21/2014, epidural steroid injection at the C7-T1 on 06/22/2005, replacement of a trial spinal cord stimulator on 07/27/2010, replacement of Medtronic synergy spinal cord stimulator on 12/09/2009, and an epidural steroid injection at the C7-T1. The injured worker had 5 more stellate ganglion blocks from 05/19/2010 to 04/01/2011. The prior surgeries included arthroscopic acromioplasty and bursectomy of the clavicle and excision of labral tear on 11/03/2000, arthroscopic revision and repair of a biceps tear, with a debridement of an abundance of scar tissue, and partial rotator cuff repair on 05/08/2009. The clinical notes of the right shoulder dated 01/06/2014 revealed range of motion with abduction to the right 30 degrees, flexion 10 degrees, extension 10 degrees, and abduction was 10 degrees. The clinical note dated 01/06/2014 also revealed that upper extremity strength was intact on the left and virtually nonfunctioning on the right upper extremity, with decreased sensation. The treatment plan included nerve studies. The request for the comprehensive multidisciplinary assessment for a functional restoration program was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE MULTIDISCIPLINE ASSESSMENT FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL RESTORATION PROGRAMS Page(s): 30.

Decision rationale: The request for a comprehensive multidisciplinary assessment for a functional restoration program is not medically necessary. The California MTUS Guidelines recommend a functional restoration program to assist with problems and programs have proven successful outcomes for patients with conditions that put them at risk for delayed recovery. The injured worker should be motivated to improve and return to work and meet the selected criteria outlined. An adequate and thorough evaluation should be made, including baseline functional testing, so followup with the same tests can note functional improvement. The previous methods of treatment for the chronic pain that was unsuccessful should be documented along with evidence that absence of other options are likely to result in significant clinical improvement, the loss of the ability to function independently resulting from chronic pain, and the patient is not a candidate where surgery or other treatments would clearly be warranted. A trial of 10 visits may be implemented to assess whether surgery may be avoided. The injured worker should be motivated to change and willing to forego secondary gains. Although the injured worker had multiple injections including ESI, the documentation lacked evidence of failed conservative care including a physical therapy evaluation. The documentation provided was not evident whether the injured worker was a candidate for surgery. As such, the request is not medically necessary.