MAXIMUS Federal Services

Case Number:	CM13-0072032		
Date Assigned:	05/07/2014	Date of Injury:	08/11/2010
Decision Date:	07/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennesssee. 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 41-year-old male who has submitted a claim for chronic left shoulder pain with rotator cuff syndrome, cervical dystonia, myofascial pain, chronic pain syndrome, left scapulothoracic bursitis and adjustment disorder with mixed anxiety and depressed mood secondary to chronic pain associated from an industrial injury date of August 11, 2010.Medical records from 2013-2014 were reviewed, the latest of which dated January 23, 2014 showing that the patient is able to do more. He has increased ability for lifting, running with his kids, and playing tag. There is a significant improvement and some slight reduction in pain as a result of the functional restoration program. On physical examination, the arms at mid biceps are symmetric at 16 inches. The right forearm at maximum is larger. Grip strength using Jamar appliance averages 85 on the right and 50 on the left. There is a focus of tenderness in the thoracic region to the left of midline immediately deep to the medial border of scapula. There is diminished left torsion at 45 degrees, which provokes pain. Progress note dated December 17, 2013 revealed that the patient describes the pain as a constant, dull, achy pain that sometimes produces stabbing and pins and needles type of sensation. His current pain is rated 5-9/10. On examination, the patient progress from an initial 20 minutes to continuous exercise to 43 minutes. Cervical and left shoulder range of motion are tolerating the exercise without increased pain and show gains in range of motion. On physical examination dated December 4, 2013, cervical range of motion is limited towards the left lateral rotation by at least 20-30 degrees. Shoulder range of motion is decreased by 20-30 degrees.Treatment to date has included trial of functional restoration program (12/2013), left shoulder cortisone injection, physical therapy, and medications which include Percocet, Soma, Norco, Celexa, Ambien, Tramadol, Flexeril, Celebrex, MS Contin, Zanaflex and Butrans patch.Utilization review from December 24, 2013 denied the request for Functional Restoration Program-10 days because there is no indication or

qualification as to the type of exercise being tested or whether the initial 20 minutes represented a maximum effort; no other measures or specific clinical or functional measure have been provided; and no information has been provided to confirm that there has been any improvement in the basic clinical measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program-10 days: 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): 31-32.

Decision rationale: As stated on pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, continued functional restoration program participation is supported with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the patient completed a trial of functional restoration program last December 2013. The most recent clinical evaluation reveals only slight reduction in pain. Also, there is insufficient subjective and objective findings to support functional improvement. The medical necessity for continued functional restoration program was not established. Therefore, the request for Functional Restoration Program-10 days is not medically necessary.