

Case Number:	CM14-0001867		
Date Assigned:	01/22/2014	Date of Injury:	06/19/2007
Decision Date:	04/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/06/2014

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 Family Practice 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 patient is a 65 year old female that reported an injury on 06/19/2007. The mechanism of injury was not provided in the medical record. The patient's medication list is Norco, Flexeril, and Remeron. The list of surgeries is Left shoulder rotator cuff repair, status post life ring finger/ trigger release surgery. The clinical noted dated 01/13/2014 noted that the patient continues with symptomatic pain and discomfort involving the left 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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs and, Chronic Pain Programs Page(s): 30, 31, 49.

Decision rationale: The CA MTUS state that functional restoration programs are recommended and are included in the chronic pain program and were designed to be used as medically directed. This program emphasizes the importance of function over the elimination of pain. They incorporate exercise progression with disability management and psychosocial intervention. A review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with

functional restoration reduces pain and improves function in patients with low back pain. Treatment is not suggested for longer than 2 weeks without evidence of documented objective and subjective gains. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: MTUS (Effective July 18, 2009) Page 32 of 127(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The clinical notes provided dated 01/13/2014 noted that the patient continues with symptomatic pain and discomfort involving the left shoulder and neck. There was no documentation of motivation by the patient, no objective or subjective documentation by the physician or that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Therefore the request is non-certified.