

Case Number:	CM14-0002454		
Date Assigned:	01/24/2014	Date of Injury:	04/20/2010
Decision Date:	08/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery 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 claimant is a 67-year-old female who injured her right shoulder in a work related accident on April 20, 2010. The clinical records provided for review document that the claimant underwent right shoulder arthroscopic subacromial decompression, rotator cuff repair, labral debridement and distal clavicle resection on May 15, 2013. Postoperative treatment has included physical therapy, medication management, a TENS device. The report of the December 2, 2013 follow up appointment notes continued complaints following shoulder surgery. Objective findings on examination showed restricted range of motion and diminished strength. The claimant was diagnosed with rotator cuff injury status post surgical repair on May 15, 2013. Recommendations at that time were for continuation of medication management, a TENS device and referral to a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE GENERAL USE OF MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS Page(s): 31-32.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for a functional restoration program would not be indicated. The Chronic Pain Guidelines recommend that Functional restoration Programs are a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. The medical records provided for review do not contain any reports of postoperative imaging or documentation of forms of care other than a course of physical therapy and a TENS device. Without a clear clinical picture of the claimant's postoperative assessment of the shoulder including postoperative imaging and documentation that the claimant has exhausted all benefit of conservative treatment, the need for a functional restoration program at this point in the claimant's rehabilitation is not medically necessary.