

Case Number:	CM14-0005650		
Date Assigned:	06/11/2014	Date of Injury:	11/29/2006
Decision Date:	07/14/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old male with a reported injury on 11/29/2008. The mechanism of injury was described as the injured worker pushed upwards on a hinge weighing approximately 40 pounds and then felt a severe pain to the right shoulder. The clinical note dated 07/11/2013, reported the injured worker complained of bilateral shoulder pain. The physical examination revealed his bilateral shoulders demonstrated diffuse tenderness in the lateral and anterior subacromial region. The range of motion to the right shoulder demonstrated flexion to 70 degrees, extension to 30 degrees, abduction to 55 degrees, and adduction to 15 degrees. The range of motion to the left shoulder demonstrated flexion to 50 degrees, extension to 40 degrees, abduction to 45 degrees, and adduction to 10 degrees. Shoulder strength bilaterally, was noted 3/5 to 4/5 and associated due to pain complaints. It was reported sensation in the C5-T1 dermatomes were normal. Phalen's and Tinel's tests were negative bilaterally. The injured worker's diagnoses included chronic pain syndrome with delayed recovery; right shoulder dysfunction status post multiple surgeries; left shoulder dysfunction status post multiple surgeries; and cervical brachial myofascial pain syndrome. The injured worker's prescribed medication list included Norco 10/325, Skelaxin, and Lunesta. The clinical note dated 11/26/2013, reported the injured worker had been attending cognitive behavioral therapy with [REDACTED]. The amount of sessions was not provided in clinical note. It was reported that the injured worker had completed a multidisciplinary evaluation on 07/30/2013. The provider requested a Functional Restoration Program, the rationale was not provided in clinical notes. The Request for Authorization was submitted on 01/09/2014. The injured worker's prior treatments included 12 sessions of physical therapy beginning in 03/2013, the injured worker reported that it was temporarily beneficial. It was reported the injured worker only completed 5 of the 12 physical therapy sessions.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The request for Functional Restoration Program is non-certified. The injured worker complained of bilateral shoulder pain. The treating physician's rationale for the Functional Restoration Program was not provided in clinical note. The CA MTUS guidelines recommend functional restoration program where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Functional restoration programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities. Outpatient pain rehabilitation programs may be considered medically necessary once there is an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. It is noted the injured worker had a medical evaluation, a comprehensive psychological evaluation with testing and a physical therapy Functional Capacity Evaluation. It is also noted the injured worker has undergone "multiple" cognitive behavioral therapy sessions with [REDACTED] due to the injured worker's previous lack of motivation for a Functional Restoration Program. It is also noted the injured worker was prescribed 12 sessions of physical therapy, and he had only completed 5 sessions of physical therapy. There is a lack of clinical information indicating the injured worker's pain was unresolved with the 5 physical therapy sessions; moreover, the injured worker described the physical therapy sessions as being temporarily beneficial. It is also noted the injured worker is currently prescribed Norco and Skelaxin; however, there is a lack of clinical information indicating the injured worker's pain is unresolved with current medications. Furthermore, there is a lack of documentation indicating the injured worker has significant functional deficits preventing him to function independently. The Functional Restoration Program consists of physical therapy and occupational therapy, the injured worker only completing 5 of the 12 physical therapy sessions, there is a lack of information indicating the injured worker's willingness to participate in an active exercise programs. As such, the request is not medically necessary.