

Case Number:	CM14-0006830		
Date Assigned:	02/07/2014	Date of Injury:	05/28/2013
Decision Date:	07/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 61-year-old female who reported an injury on 05/28/2013. The mechanism of injury was not stated. Current diagnoses include contusion of the hip, frozen shoulder, and adjustment disorder with mixed anxiety and depressed mood. The injured worker was evaluated on 01/13/2014. The injured worker reported ongoing pain in the left shoulder rated 4/10. Physical examination revealed limited shoulder range of motion, mild weakness, and intense sensation. Treatment recommendations at that time included a functional capacity evaluation and an interdisciplinary evaluation.

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 CHRONIC PAIN PROGRAMS Page(s): 30-32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful with an absence of other

options that are likely to result in significant clinical improvement. There should also be evidence of a significant loss of the ability to function independently. As per the documentation submitted, there was no mention of an exhaustion of conservative treatment prior to the request for a functional restoration program. The injured worker does maintain a diagnosis adjustment disorder with mixed anxiety and depressed mood. The injured worker was previously authorized to undergo several psychological treatment sessions, including cognitive behavioral therapy and biofeedback therapy. California MTUS Guidelines further state negative predictors of success should be addressed and patients should exhibit motivation to change. Based on the clinical information received and the California MTUS Guidelines, the current request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including functional capacity evaluation when reassessing function and functional recovery. Official Disability Guidelines state a functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. As per the documentation submitted, there is no indication that this injured worker has attempted to return to work. There is also no indication that this injured worker is close to reaching or has reached maximum medical improvement. There are no Guidelines recommendations to support a functional capacity evaluation to assess for baseline function. Based on the clinical information received, the request is not medically necessary.