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| Case Number: | CM14-0102064 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 11/01/2007 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Anesthesia, has a subspecialty in a Acupuncture & Pain Medicine 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 female, who was injured on November 1, 2007, while performing regular work duties. The injured worker is status post-surgical rotator cuff repair on March 7, 2014, and was undergoing physical therapy as of April 14, 2014. An evaluation on March 17, 2014 indicates the injured worker has multiple "body parts that are symptomatic" and the treatment plan would be to undergo treatment at a functional restoration program. The records indicate the injured worker has decreased narcotic pain medications, and continues to take Celebrex. The injured worker received treatment that included surgery, therapy, medications, and transcutaneous electrical stimulation. The request is for screening for functional restoration program. The primary diagnoses is rotator cuff sprain. Associated diagnoses are left side cubital tunnel and carpal tunnel, cervical discopathy with radiculopathy, status post cervical fusion and placement of artificial cervical disc. On June 20, 2014, Utilization Review non-certified screening for functional restoration program due to approval for another right shoulder surgery, and no clear rationale provided for the functional restoration program as per the MTUS guidelines. According to the utilization review report and evaluation on June 2, 2014, indicates the injured worker continues to have significant stiffness of the arm and shoulder following the rotator cuff repair, and therapy there after, that is attributed to other ongoing medical issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Screening for Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Chronic Pain Programs(Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: With regard to chronic pain programs, MTUS CPMTG states "Recommended 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." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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" (there are many of these outlined by the MTUS). Review of the submitted documentation indicates that per UR decision dated 6/20/14, the injured worker was certified for right shoulder manipulation under anesthesia, and pre-operative consult for surgery clearance. As being a surgical candidate is a disqualifying criteria for functional restoration program as stated above, the request is not medically necessary.