

Case Number:	CM14-0105639		
Date Assigned:	07/30/2014	Date of Injury:	03/19/2012
Decision Date:	09/25/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational 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:

According to the records made available for review, the injured worker is a 64-year-old male with a 3/19/12 date of injury. There is documentation of subjective findings of pain and discomfort involving multiple body parts including left knee, hip, wrist, palm, and right shoulder. There are objective findings of positive Apley's test in left knee, positive rotator cuff impingement test in right shoulder associated with decreased range of motion and strength, local tenderness and swelling in the area, motor strength 5/5, and wearing splint on left forearm. Current diagnoses includes myofascial pain syndrome, left arm sprain/strain injury, right shoulder rotator cuff injury, left wrist tenosynovitis, possible left knee meniscal injury and left lateral epicondylitis. Treatment to date includes medications (including Ketoprofen cream) and home exercise program. The 3/27/14 medical report identifies a plan for functional restoration program evaluation and cortisone injection of left knee and right shoulder. 6/12/14 medical report identifies patient is still interested in participating in a functional restoration program, still has pain and discomfort involving multiple body parts, and all conservative treatments have failed as well as surgery.

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): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation 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; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, left arm sprain/strain injury, right shoulder rotator cuff injury, left wrist tenosynovitis, possible left knee meniscal injury and left lateral epicondylitis. In addition, there is documentation of a plan for Functional Restoration Program Evaluation. Furthermore, there is documentation that previous methods of treating chronic pain have been unsuccessful and the patient exhibits motivation to change. However, there is no documentation the patient has a significant loss of ability to function independently resulting from the chronic pain. In addition, despite documentation that conservative treatments have failed as well as surgery and given documentation of a plan for cortisone injection of left knee and right shoulder, there is no (clear) documentation that there is an absence of other options likely to result in significant clinical improvement and the patient is not a candidate where surgery or other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program is not medically necessary.