

Case Number:	CM14-0013427		
Date Assigned:	02/26/2014	Date of Injury:	03/23/2007
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/03/2014

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 Nevada. 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 records presented for review note that this 50-year-old individual was injured in March 2007. The most recent progress note, presented for review, indicated ongoing complaints of low back, neck, right shoulder, left knee and left wrist pain. There were no acute changes to the pain complaints noted. It is noted that family issues delayed some care. Multiple medications are used. Imaging studies identified adhesive capsulitis of the shoulder. The physical examination noted the injured employee to be in no acute distress. The current diagnoses are multiple pain locations. Multiple medications are employed. It is noted that a functional restoration program was not certified in previous review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009), CHRONIC PAIN PROGRAMS Page(s): 30-3.

Decision rationale: This is an individual who was injured more than seven years prior. He continues to take medications and there is no noted increase in functionality or ability to return to work. Furthermore, it is clear that the care can be delayed secondary to personal issues. As such, there is no clear clinical indication presented for the need of such a functional restoration protocol. There are ongoing complaints of pain; however, electrodiagnostic studies did not objectify a radiculopathy. There were degenerative changes noted within the shoulder and knees, and again, no significant compromises objectified. As such, there is insufficient data presented to support this request based on the Chronic Pain Medical Treatment Guidelines.