

Case Number:	CM14-0115372		
Date Assigned:	08/04/2014	Date of Injury:	06/12/2006
Decision Date:	09/11/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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, Pain Medicine and is licensed to practice in Texas. 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 62 year old female whose date of injury is 06/12/2006. The mechanism of injury is falling on her right shoulder and upper arm. Treatment to date includes surgery, injections and medication management. The injured worker underwent right shoulder arthroscopy on 01/10/07. The injured worker reports to work full time. Initial evaluation dated 06/11/14 indicates that medications include nabumetone, pantoprazole, ketamine, cyclobenzaprine and Norco. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, depressive disorder and anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

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

Decision rationale: Based on the clinical information provided, the request for functional restoration program for 160 hours is not recommended as medically necessary. The request is excessive as CAMTUS guidelines would not support more than an initial trial of 80 hours of

functional restoration program without evidence of objective functional improvement. The submitted records indicate that the injured worker continues to work full time. Therefore, it is unclear why a functional restoration program is being requested at this time. The injured worker reportedly presents with significant psychological symptoms; however, there is no indication that the injured worker has been treated with lower levels of psychological care. Therefore, the requested program is not in accordance with CAMTUS guidelines, and medical necessity is not established.