

Case Number:	CM14-0153592		
Date Assigned:	09/23/2014	Date of Injury:	01/12/2013
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in 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:

According to the records made available for review, this is a 42-year-old male with a 1/12/13 date of injury, and left subacromial decompression with distal clavicle excision on 7/23/13. At the time (9/2/14) of request for authorization for Functional Restoration Program Evaluation, there is documentation of subjective (left chronic shoulder pain) and objective (restricted range of motion of the left shoulder, positive Neer test, tenderness to palpitation over the genohumeral joint, the periscapular muscles, rhomboids, subdeltoid bursa, and the trapezius muscles) findings, current diagnoses (rotator cuff tear and myofascial pain syndrome), and treatment to date (Acupuncture, Physical Therapy, and medications (including Norco and Ibuprofen)). Medical records identify a clinical rationale that injured worker had done post op physical therapy, injections, acupuncture, complete rest, and medications with no help; and the injured worker is young and would benefit from the ability to consider different vocational options with his shoulder condition and maximize function. There is no documentation that the injured worker has a significant loss of ability to function independently resulting from the chronic pain, the injured worker is not a candidate where surgery or other treatments would clearly be warranted; and the injured worker exhibits motivation to change.

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 Functional Restoration Program (FRPS) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 injured worker has a significant loss of ability to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would clearly be warranted; and the injured worker 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 rotator cuff tear and myofascial pain syndrome. In addition, given documentation that injured worker had done post op physical therapy, injections, acupuncture, complete rest, and medications with no help; and the injured worker is young and would benefit from the ability to consider different vocational options with his shoulder condition and maximize function, there is 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. However, despite documentation of chronic pain, there is no documentation that the injured worker has a significant loss of ability to function independently resulting from the chronic pain. In addition, there is no documentation that the injured worker is not a candidate where surgery or other treatments would clearly be warranted; and the injured worker exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program Evaluation is not medically necessary.