

Case Number:	CM14-0158991		
Date Assigned:	10/02/2014	Date of Injury:	10/04/2011
Decision Date:	10/31/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedic Surgery 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:

This claimant is a 44-year old female who injured her low back and right shoulder on 10/14/11, when she fell backwards and hit her head. The medical records provided for review documented that the claimant underwent right shoulder rotator cuff repair and distal clavicle excision on 07/11/13; the records document that the claimant remains symptomatic. There is no documentation of any lumbar surgery. Clinical evaluation on 07/24/14 describes continued complaints of shoulder and low back pain with radiating bilateral lower extremity complaints. Physical examination showed limited lumbar range of motion, restricted range of motion of the bilateral shoulders, and positive Hawkin's and impingement testing to the right shoulder. There was tenderness to palpation diffusely at both sites. The records document that the claimant has failed conservative care for the low back including injections, medication management and activity modification. She has also failed conservative care following the shoulder surgery to include physical therapy, immobilization and medication management use. There is no documentation of postoperative imaging of the shoulder or imaging reports of the lumbar spine. This is a request for 160-hour program for six (6) weeks for functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, 160 hours times 6 weeks: 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 Programs Page(s): 49.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for a Functional Restoration Program for 160 hours is not recommended as medically necessary. The Chronic Pain Guidelines only recommend treatment for longer than two weeks to determine evidence for effectiveness as documented by subjective and objective gains. If the claimant makes subjective and objective gains, then additional hours can be requested. Therefore, the requested hours exceeds the guideline criteria. The total request for 160-hour program for six (6) weeks does not allow for evaluation of the claimant's progress over a two week period for functional improvement.