

Case Number:	CM14-0161593		
Date Assigned:	10/07/2014	Date of Injury:	06/12/2013
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Pain Management 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 is a female patient with the date of injury of June 12, 2013. A Utilization Review was performed on September 12, 2014 and recommended non-certification of FRP (functional restoration program) remote aftercare call once weekly for four months, one in-office interdisciplinary reassessment at the completion of aftercare, and Thera-Cane. A Functional Restoration Program Integrative Summary Report dated September 9, 2014 identifies patient progress of increased range of motion of her shoulder and learning pain management strategies. As a side benefit, she has demonstrated some weight loss as well. Functional progress identifies improvement in strength and tolerance. The patient is performing at a level 2 of core and posture exercises. Diagnoses identify other affections of shoulder region NEC. Treatment Plan identifies HELP Remote Care (FRP After Care), 4 months, with an in office interdisciplinary reassessment at the end of this time period, and a Thera-Cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP (functional restoration program) remote after care; one weekly call x 4 months:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), updated 07/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs)

Decision rationale: Regarding the request for FRP (functional restoration program) remote after care; one weekly call x 4 months, California MTUS does not address the issue. ODG notes that suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. Within the documentation available for review, the patient is noted to be significantly improved. It appears that the patient is well versed in independent home care and there is no clear documentation identifying why the patient's home care program would not be sufficient to maintain the gains provided and continue with functional improvement. In the absence of such documentation, the currently requested FRP (functional restoration program) remote after care; one weekly call x 4 months is not medically necessary.

One in-office interdisciplinary reassessment at the completion of after care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), update 07/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs)

Decision rationale: Regarding the request for One in-office interdisciplinary reassessment at the completion of after care, California MTUS does not address the issue. ODG notes that suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. Within the documentation available for review, the associated request for after care was determined to be not medically necessary. As such, the currently requested One in-office interdisciplinary reassessment at the completion of after care is not medically necessary.

Thera-cane: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Deep Friction Massage

Decision rationale: Regarding the request for a Thera-Cane, California MTUS does not address the issue. An online search identifies Thera-Cane is a deep pressure massager. ODG states deep

friction massage is recommended. Deep friction massage and mobilization exercises may provide a faster and better response than the conventional physical therapy methods in the early phase of treatment in adhesive capsulitis. Within the documentation available for review, there is no documentation that the Thera-Cane will be used in conjunction with mobilization exercises. In the absence of such documentation, the currently requested Thera-Cane is not medically necessary.