

Case Number:	CM14-0162603		
Date Assigned:	10/07/2014	Date of Injury:	11/11/2012
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 11/11/2012. The mechanism of injury was not stated. The current diagnoses include neck pain, shoulder pain, cervicobrachial syndrome, and tension headaches. The injured worker was evaluated on 09/02/2014 with complaints of persistent right upper extremity pain. It was noted that the injured worker was status post right shoulder arthroscopy on 03/20/2014. Previous conservative treatment includes physical therapy and medications. The current medication regimen includes Protonix, diclofenac cream, and tramadol/APAP. The physical examination revealed no acute distress, normal muscle tone without atrophy, and negative swelling. Treatment recommendations at that time included a functional restoration program. A Request for Authorization form was then submitted on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional restoration programs (FRPs)) Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. There should be documentation of an exhaustion of conservative treatment, with an absence of other options that are likely to result in significant clinical improvement. There should also be evidence of a significant loss of the ability to function independently. As per the documentation submitted, there was no evidence of a significant functional limitation. There is also no mention of an exhaustion of conservative treatment. The medical necessity for the requested service has not been established. As such, the request is not medically appropriate.