

Case Number:	CM14-0178750		
Date Assigned:	10/31/2014	Date of Injury:	11/27/2012
Decision Date:	12/08/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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 Interventional Spine 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:

The patient is a 55-year-old male with a date of injury of 11/27/2012. The listed diagnoses per [REDACTED] are: 1. Left supraspinatus tendinosis. 2. Left acromioclavicular arthritis. 3. Degeneration of the glenoid. According to progress report 09/02/2014, the patient presents with continued left shoulder pain. Examination of the shoulder revealed "forehead, rounded shoulders, kyphotic thoracic spine, and anterior tilt of the pelvis." There was moderate tenderness to palpation at the AC joint and anterior shoulder. Decrease of range of motion was noted. There is positive impingement sign and rotator cuff muscle strength was decreased. The physician is requesting assessment for the Functional Restoration Program. Utilization review denied the request on 10/23/2014. Treatment reports from 04/21/2014 through 09/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP assessment qty 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: This patient presents with chronic left shoulder pain. The physician is requesting FRP assessment QTY: 1. the utilization review denied the request for assessment stating that the patient has denied recommended surgeries and "MTUS Guidelines are not met with cited guidelines, for lower level treatments." The MTUS Guidelines page 49 recommends Functional Restoration Programs and indicates it may be considered medically necessary when all criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain have been unsuccessful. 3. Significant loss of ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be. 5. The patient exhibits motivation to change. 6. Negative predictors of success have been addressed. In this case, the physician is requesting an initial evaluation which is recommended and necessary prior to considering participation in a FRP. The request is considered medically necessary.