

Case Number:	CM14-0023720		
Date Assigned:	05/12/2014	Date of Injury:	12/05/2008
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 patient sustained an injury on 12/5/08 while employed by [REDACTED]. Request(s) under consideration include multidisciplinary evaluation to determine if appropriate for a functional restoration program. Diagnoses include s/p mini-Mumford procedure on 1/8/10; s/p right shoulder arthroscopy with SAD and debridement, chondroplasty and revision of clavicle resection on 9/22/11; s/p right shoulder arthroscopy with debridement and bursectomy on 6/20/13 with post-operative physical therapy visits with persistent pain, decreased range and weakness of right arm; and non-industrial cervical spine surgery on 4/2/13. Medications list 7-8 Norco/day, Oxycontin, Ibuprofen, Meloxicam, Citalopram and Zolpidem for sleep. The patient remained off work with pain rated at 6-7/10 VAS. The patient continues with right shoulder pain, decreased range of motion and weakness in right arm. Exam showed healed surgical incision of cervical spine; tenderness over anterior capsule with shoulder range in flex/abd/ext/add of 140/180/30/50 degrees; intact and normal DTRs, motor and sensory exam. The patient was noted not at P&S level for her right shoulder and continues to recover and may benefit from a functional restoration program. Request(s) for multidisciplinary evaluation to determine if appropriate for a functional restoration program was non-certified on 2/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION TO DETERMINE IF APPROPRIATE FOR A FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Page(s): 30-34 and 49.

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this 2008 as he has remained not working, on chronic opioid medication without functional improvement from extensive treatments already rendered or demonstrated motivation to return to any modified work. There is also no psychological evaluation documenting necessity for functional restoration program. The multidisciplinary evaluation to determine if appropriate for a functional restoration program is not medically necessary and appropriate.