

Case Number:	CM14-0024813		
Date Assigned:	06/11/2014	Date of Injury:	04/07/2012
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 American Board of Neurological 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:

The injured worker is a 49-year-old female who was reportedly injured on April 7, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated December 5, 2013, indicated there were ongoing complaints of left shoulder pain. It was stated that the injured employee had an initial evaluation for a functional restoration program and was interested in attending. The physical examination demonstrated no physical examination of the left shoulder was performed. Current medications were stated to include capsaicin cream, diclofenac cream and Tylenol. A previous note, dated October 16, 2013, stated that the injured employee has a chronic pain syndrome with evidence of loss of function and is currently unable to pursue work. The note on this date stated that a request to attend a functional restoration program was certified. Previous treatment included arthroscopic surgery of the left shoulder performed on May 6, 2013. A request had been made for a functional restoration program and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ (FUNCTIONAL RESTORATION PROGRAM) - EIGHTY (80) HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration Page(s): 30-32, 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Functional restoration program, June 10, 2014.

Decision rationale: According to the medical records provided, the injured employee was previously certified to attend a functional restoration program on October 16, 2013. Subsequent notes state that the injured employee was attending this program. A note, dated March 21, 2014, stated that the participation in a functional restoration program was not certified, as there was no previous functional capacity evaluation performed or a psychological evaluation. The most recent medical note prior to the onset of the functional restoration program was dated December 5, 2013, and there was no mention of the injured employee's level of disability, mention of failure of previous care to include the prior surgery and physical therapy. Noting this, the request for a functional restoration program is not medically necessary.