

Case Number:	CM14-0024918		
Date Assigned:	06/11/2014	Date of Injury:	02/28/1997
Decision Date:	08/01/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work-related injury on February 28, 1997 when she was accidentally struck by a coworker. She has diagnoses of a rotator cuff injury status post repair, carpal tunnel syndrome, myofascial pain, frozen shoulder, migraines, and a cervical disc injury. Multiple treatments are referenced including acupuncture, physical therapy, the use of carpal tunnel braces, TENS, and multiple medications. The claimant was seen by the requesting provider on September 5, 2013 with ongoing neck, right shoulder, and right upper extremity discomfort and pain. She had decreased right wrist and hand strength and cervical and right shoulder trigger points. The note references improved cervical spina and right shoulder range of motion. Diagnoses were a cervical disc injury, right shoulder rotator cuff injury, right frozen shoulder, myofascial pain syndrome, and right suprascapular neuropathy. An evaluation for a functional restoration program was recommended. Vicodin #120, Prilosec #30, Flexeril #60, and Norco #120 were refilled. She was evaluated for a functional restoration program on December 11, 2013. The assessment references a recent office visit on December 5, 2013 where the claimant was having ongoing right shoulder, neck, and right upper extremity pain and discomfort. Physical examination findings were identical to the visit in September. She had a complaint of pain rated at 8/10 which was interfering with her activities of daily living including walking, sitting, and standing and her ability to lift other than very light weights. She was having difficulty sleeping. The assessment references a potential financial conflict of interest as the requesting provider is the medical director and founder of the functional restoration program. The evaluation describes an initial two week program, ultimately concluding after six weeks. She was seen in follow-up on February 4, 2014. She had been able to decrease her use of Vicodin from 4-5 times per day to two times per day. There is the same documentation of physical

