

Case Number:	CM14-0025044		
Date Assigned:	06/11/2014	Date of Injury:	09/08/2010
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 52-year-old male was reportedly injured on 9/8/2010. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 2/24/2014, indicated that there were multiple ongoing complaints to include neck, shoulder, wrist/hand and knee pain. Physical examination demonstrated tenderness to cervical paraspinal and trapezial musculature, mild left shoulder atrophy, shoulder/neck pain with range of motion, tenderness to left supraspinatus tendon and positive impingement test on the left, tenderness over the wrist flexion crease bilaterally and right 3rd MCP joint, positive Phalen's on right and negative Tinel's, positive Durkan's compression test on right, tenderness to the buttocks/lumbar paraspinal musculature and spinous processes with guarding, popping/crepitus with knee range of motion bilaterally, tenderness over anterior/inner knees; motor exam: 4/5 left shoulder, wrist flexion 4/5 bilaterally. Otherwise, motor strength 5/5 throughout and DTRs 2+ in the upper/lower extremities bilaterally. Plain radiographs of the cervical spine, knees, pelvis, hips and lumbar spine were all normal without evidence of degenerative disease. Plain radiographs of the wrists/hands demonstrated degenerative joint disease of the right hand, 3rd MCP joint with a large osteophyte consistent with a possible fracture of the distal metacarpal. Diagnoses: Chronic neck pain, left rotator cuff tear, right shoulder pain, right carpal tunnel syndrome (scheduled for surgery), chronic back pain, knee pain and depression/anxiety. Previous treatment included 12 sessions of functional restoration therapy (notes not available), shoulder shockwave therapy, neurostimulation therapy, acupuncture and medications to include hydrocodone and two different compounding creams. A request had been made to continue functional restoration 2 times a week for 6 weeks #12 visits and was not certified in the pre-authorization process on 2/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE FUNCTIONAL RESTORATION-TWO (2) TIMES A WEEK FOR SIX (6) WEEKS, TWELVE (12) VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of 10 visits. The claimant has multiple chronic complaints, and review of the available medical records fails to demonstrate an improvement in pain or function. The claimant underwent 12 sessions of functional restoration therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.