

<b>Case Number:</b>	CM14-0026389		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Nevada. 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 55-year-old female injured on May 24, 2013. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated January 22, 2014, indicated that there were ongoing complaints of right shoulder and neck pains and right knee pain radiating up and down the leg. The physical examination demonstrated a 5 feet 6 inches female with a weight of 210 pounds. Shoulder exam had decreased range of motion with positive impingement. Strength and reflexes were normal. There was tenderness to palpation in the anterior aspect of the right shoulder joint. Right knee exam revealed tenderness throughout and anterior drawer was negative. Diagnostic imaging studies reported from August 2013 of the right shoulder revealed severe tendinosis of supraspinatus tendon, moderate acromioclavicular arthritis and moderate to severe subacromial bursitis. MRI of the right knee done later reported as severe patella femoral degeneration with no meniscal tear. On the day of injury, the claimant had multiple x-rays. Previous treatment included oral medications, corticosteroid injection into the shoulder and knee, Supartz times 3 to the right knee and physical therapy. A request had been made for functional restorative program for the right shoulder and knee and was not certified in the pre-authorization process on February 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation at Northern California Functional Restoration Program, right knee:**  
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 Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34.

**Decision rationale:** Based on the documentation provided, there was lack of evidence to support this request. The injured worker does not show loss of ability to function independently, and it was unclear if therapy for a knee home program was addressed. The mechanism of injury, exam and MRI do not warrant the need for functional restorative program. The request cannot be deemed as medically necessary.

**Initial evaluation at Northern California Functional Restoration Program for right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34.

**Decision rationale:** Based on the criteria for multidisciplinary program outlined in the request and noting the current physical examination findings and the past treatment rendered, there was no competent, objective, independently confirmable medical evidence presented to suggest that this program is medically necessary. There was no evidence that the claimant had lost ability to function independently. There was documentation the injured worker was offered surgery in November for the shoulder and has only had one steroid injection. There was no documentation as to the benefits of previous physical therapy. The request is not medically necessary.