

Case Number:	CM14-0028251		
Date Assigned:	06/13/2014	Date of Injury:	06/20/2009
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain and chronic pain syndrome reportedly associated with an industrial injury of June 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; two prior shoulder surgeries in May 2011 and February 2013; opioid therapy; and a sling. A May 14, 2014 progress note was notable for comments that the applicant had persistent pain complaints about the low back and shoulder. Other diagnoses stated included myofascial pain syndrome and mid back pain. The applicant was wearing a sling and had healing surgical scar noted about the left shoulder with decreased range of motion appreciated about the same, it was stated. On April 11, 2014, the applicant was again described as using a sling with persistent complaints of low back and shoulder pain. In an earlier note of March 11, 2014, the applicant was described as having persistent discomfort with good days and bad days. The applicant did exhibit decreased range of motion and healing surgical scar about the left shoulder. The note was highly templated and seemingly unchanged as compared to prior reports. The applicant was described as using Naprosyn, Lyrica, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, 10 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL RESTORATION PROGRAMS (FRPS) Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional program includes evidence that an applicant is motivated to change and is willing to forego secondary gains, including disability payments, to effect the said change. In this case, however, there is no mention or indication that the applicant's intention to return to work. There is no mention that the applicant's willingness to forego disability payments in an effort to improve. There is, moreover, no evidence that previous methods of treating chronic pain have been in fact been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. The attending provider has not stated why the applicant cannot continue rehabilitation in the context of self-directed home physical medicine, home exercises, conventional outpatient office visit, etc. Finally, there is no evidence that the applicant has had an adequate and thorough precursor evaluation, which would establish the applicant's suitability for the program in question. Therefore, the request for functional restoration program, 10 days is not medically necessary.