

Case Number:	CM14-0033000		
Date Assigned:	06/16/2014	Date of Injury:	02/16/2007
Decision Date:	09/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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:

On February 16, 2007 this worker while working as an RN in a physician's office injured her neck and right shoulder while assisting a patient trying to pull her boots on. She had shoulder surgery for rotator cuff repair August 14, 2007 and again in April, 2009. She continued to have neck and shoulder pain. She received physical therapy, massage, injections, exercise, and pain medications. She has chronic pain syndrome with secondary depression. A functional restoration program has been recommended. Prior to beginning the program cardiac clearance has been requested due to history of myocardial infarction, CABG, and ventricular arrhythmias.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIAC CLEARANCE CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 7-8 AND 30-33.

Decision rationale: Neither the MTUS nor ODG specifically address cardiac clearance prior to beginning a functional restoration program. However, the components of a functional restoration program are addressed and include at least psychological care, physical therapy, and occupational therapy. The types of treatment commonly included are physical treatment,

medical care and supervision, psychological care, psychosocial care, vocational rehabilitation and training, and education. It would be appropriate for her to continue medical care for her cardiac and other medical problems. Any restrictions her cardiologist or other physicians place on her regarding physical activity should of course be followed during the program. However, while this worker should have ongoing medical care for her cardiac and other comorbid conditions, there is no medical reason she would require formal cardiac clearance prior to beginning a functional restoration program. Cardiac clearance is not typically indicated before initiating any of the individual components so should not be required for the program as a whole. Therefore, this request is not medically necessary.