

Case Number:	CM14-0033324		
Date Assigned:	06/20/2014	Date of Injury:	07/29/2010
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 Neurological Surgery 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 injured worker is a 54-year-old male was reportedly injured on July 29, 2010. The mechanism of injury was stated to be a fall. The most recent progress note, dated February 6, 2014, indicated that there were ongoing complaints of numbness and tingling in the hands as well as pain in the lower back radiating to the left leg. The physical examination demonstrated decreased left shoulder range of motion and a positive Tinel's test and Phelan's test of the left wrist. There were signs of rotator cuff impingement. The treatment plan included prescriptions of Flexeril, Mobic and Lyrica. There was also a request for a functional restoration program. A request had been made for participation in a functional restoration program and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FUNCTIONAL RESTORATION PROGRAM EVALUATION BETWEEN 2/11/2014 AND 3/28/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: From the submitted documentation for review, there was no discussion of prior care rendered including conservative treatments in physical therapy. Additionally, the California MTUS guidelines state that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain. The record dated February 6, 2014, stated that the majority of the injured employees' diagnoses involve the cervical spine and shoulder. Regarding the injured employees' complaints of carpal tunnel syndrome, it is unlikely that a functional restoration program is beneficial for this condition. For these reasons, this request for a functional restoration program evaluation is not medically necessary.