MAXIMUS Federal Services

Case Number:	CM14-0037597		
Date Assigned:	06/25/2014	Date of Injury:	03/29/2002
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/28/2014

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 61-year-old female injured on March 29, 2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 31, 2014, indicated that there were ongoing complaints of left shoulder, low back, and left knee pains. The physical examination demonstrated tenderness of the lumbar paraspinal muscles and pain in the left shoulder at 80 to 90 degrees. There was full left shoulder range of motion. Diagnostic imaging studies objectified an articular surface tear of the supraspinatus tendon and degenerative changes of the acromioclavicular joint. An MRI of the lumbar spine showed an osteophyte at the L2-L3 level with potential L2 nerve root impingement as well as disc bulges at the L3-L4, and L4-L5. There were severe hypertrophic facet changes at L5-S1 with potential for bilateral S1 nerve root effacement. Lower extremity nerve conduction studies indicated likely radiculopathy of L4, L5, and S1. Previous treatment included arthroscopic knee surgery and bilateral knee replacements, physical therapy, home exercise, lumbar epidural steroid injections, acupuncture, and medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain programs Page(s): 30-32. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd edition, Chapter 6: Pain, Suffering & Functional restoration. pages 113-115 &

Official Disability Guidelines (ODG) Pain Chapter; Chronic pain programs (functional restoration programs).

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

Decision rationale: It is unclear why there was a request for a functional restoration program as opposed to continued pain management and orthopedic care. The injured employee has several orthopedic conditions that are best treated by an orthopedic surgery service especially after having received orthopedic surgery. Without specific justification for the need for a functional restoration program as opposed to pain management and orthopedic care, this request for participation in a functional restoration program for 160 hours is not medically necessary.