

Case Number:	CM14-0038184		
Date Assigned:	06/25/2014	Date of Injury:	01/23/2013
Decision Date:	08/06/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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, mid back, and neck pain reportedly associated with an industrial injury of January 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 13, 2014, the claims administrator denied a request for functional restoration program evaluation on the grounds that the applicant had reportedly not exhausted conservative treatment. Somewhat incongruously, it was then stated in another section of the report that the applicant had completed 24 sessions of postoperative therapy. The claims administrator, thus, seemingly based its denial on the statement that the applicant had not exhausted conservative treatment. On February 27, 2014, the applicant was given refills of Flector and Vicodin. On February 14, 2014, the applicant was apparently given work restrictions which the applicant's employer was apparently unable to accommodate. A January 17, 2014 progress note was again notable for comments that the applicant had a painful left shoulder which is making it difficult for her to work. The applicant apparently tried to work for three days but was unable to do so. Naprosyn and physical therapy were endorsed. On February 4, 2014, the attending provider sought authorization for a HELP functional restoration program. The attending provider stated that the applicant had exhausted physical therapy. The attending provider stated that the applicant was unable to tolerate returning to work. The applicant stated that a functional restoration program could, thus, facilitate her return to work. An evaluation was sought for enrolment in the functional restoration program. Flector and Norco were sought. The remainder of the file was surveyed. There was no mention of the applicant having received psychological counseling or other psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation at the HELP Health the Education for Living with Pain Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort, an evaluation for admission into a functional program should be considered. In this case, the attending provider has posited that the applicant has tried, failed, and exhausted lesser levels of treatment, including time, medications, earlier shoulder surgery, and physical therapy. The applicant is apparently frustrated by her inability to return to her pre-injury job. The applicant attempted a trial of regular work and failed to tolerate the same. Since the applicant, by all accounts, appears to be motivated to return to work, an evaluation for admission into a functional restoration program should be considered, as suggested on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.