

Case Number:	CM14-0047718		
Date Assigned:	06/25/2014	Date of Injury:	10/26/2010
Decision Date:	07/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/29/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with date of injury of 10/26/2010. According to this functional restoration program initial evaluation, the patient has throbbing pain with spasms and cramping in the neck and shoulder area. The pain goes down in both arms. She describes it as aching, stinging, radiating, cramping, sharp, shooting, stabbing, burning, severe throbbing pain that sometimes locks. She rates it 8/10 that is on and off throughout the day. The pain is worse with carrying, coughing, lifting, lying down, pulling, pushing, sexual activities, sitting, sneezing, stress, and weather changes. The pain is associated with numbness and tingling, locking, and swelling. Medication, ice, and relaxation sometimes help alleviate the pain. She reports that physical therapy has been up to 20 to 40% helpful and effective in relieving her pain. She does have difficulty sleeping at night. The physical examination shows that the patient is well-nourished and well-developed, in no apparent distress. There is positive crepitus with positive range of motion of the shoulders. There is a well-healed arthroscopic surgical scar about right shoulder with tenderness upon palpation in the bicep tendon and AC joint with inflammation. There are trigger points palpated in the cervicospinal region, splenius capitis region, and the posterior deltoid region. The range of motion is limited by pain in the shoulder. Sensory examination in the upper extremities revealed paresthesia in digits 1, 2, and 3 in the bilateral hands. Deep tendon reflexes are symmetric and physiologic 2/4 at the biceps, triceps, and brachioradialis. Motor strength with manual strength testing shows shoulder abduction and forward flexion is not tested due to limited range of motion. Elbow flexion and extension are 3+/5 on the right and 4-/5 on the left. Wrist extension and flexion are 5/5 bilaterally. Grip strength is 4-/5 bilaterally. Hawkins' test bilaterally is positive. Positive apprehension's test

bilaterally. Positive Tinel's at the wrist bilaterally. Positive Finkelstein's test bilaterally. Gait is normal. The utilization review denied the request on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Functional Restoration Program 2 X week X 5 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

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

Decision rationale: The UR denied the request stating, "The records do not provide a rationale to proceed with the FRP before attempting such mental health treatment and concluding that there are no remaining options for significant improvement through such treatment. Therefore the current FRP request appears to be either non-indicated or premature." The Functional Restoration Program initial evaluation dated 01/23/2014 documents, "moving forward, the patient at this time is not a surgical candidate. We have a documented loss of functional ability with medically reasonable potential for recovery, better than what she is now. The patient has good expectation and is expected to participate fully to meet the goals of increased function, medication reduction and optimization, self sufficiency and return back to the highest level of daily activities, maximum medical improvement status and case resolution." The patient notes that her pain is completely interfering with her quality of life. Furthermore, she reports difficulty with cooking, dressing, and sexuality, and she needs assistance with cleaning. The records also show that the physician has addressed the negative predictors including relationship with employer, work satisfaction, etc. In this case, the physician has met all the criteria required by the MTUS Guidelines for consideration into a Functional Restoration Program. Therefore, the request for a functional restoration program 2 x week x 5 weeks is medically necessary.