

Case Number:	CM14-0056922		
Date Assigned:	07/09/2014	Date of Injury:	09/12/2008
Decision Date:	09/05/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 53-year-old male with a 9/12/08 date of injury, when he injured his right shoulder performing his work as a grounds man. The patient underwent right rotator cuff repair surgery on 08/2011. He received complex treatment included PT, acupuncture, TENS unit, multiple steroid injections and medications. The progress note dated 5/13/14 stated that the patient completed 64 hours of functional restoration program (FRP) from 160 authorized. He has been attending functional restoration program regularly and was very motivated. The patient reported that his pain was better controlled and he has been able to accept his pain. He stated that still had sleeping problems and felt depressed. Exam findings of the right shoulder revealed range of motion: flexion 140 degrees (130 degrees at the time of admission), hyperextension 40 degrees (40 degrees at the time of the admission), abduction 130 degrees (130 degrees at the time of the admission), adduction 40 degrees (40 degrees at the time of the admission), internal rotation 40 degrees (30 degrees at the time of the admission), external rotation 90 degrees (90 at the time of the admission). The muscle strength of the right upper extremity was 5/5 in all muscle groups. The patient's Beck Depressive inventory level of depression was 5 after 4 weeks of FRP compared to 8 before the treatment. The diagnosis is rotator cuff syndrome of the right shoulder, chronic pain syndrome and pain in the shoulder region. Treatment to date includes right rotator cuff repair (08/2011), PT, acupuncture, medications, hot/cold path, multiple steroid injections, TENS unit and home exercise program. An adverse determination was received on 4/25/14 given that it was not substantiated at that time as the patient's progress in the FRC program with respect to pain score and function was not noted in the record review.

IMR ISSUES, DECISIONS AND RATIONALES

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

106 Additional hours of Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. Additionally, California MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. The progress note dated 5/13/14 indicated that the patient was authorized for 160 hours of FRP and completed 64 hours of FRP to date. However the patient received functional objective gains from the participation in the program, it is not clear why additional 106 hours were needed. The patient has 96 approved FRP hours remaining and there is a lack of documentation indicating that he accomplished them. Therefore, the request for 106 Additional hours of Functional Restoration Program was not medically necessary.