

Case Number:	CM14-0065991		
Date Assigned:	07/11/2014	Date of Injury:	12/07/2012
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 49-year-old male who reported an injury on 12/07/2012. The mechanism of injury was noted to be a fall while carrying computer equipment. His diagnoses were noted to be postconcussion syndrome, cervical sprain/strain, shoulder sprain/strain, and rotator cuff syndrome. Prior treatments were noted to be transcutaneous electrical nerve stimulation, biofeedback, physical therapy, occupational therapy, therapy, vocational counseling, and medical management. The injured worker had a clinical evaluation with subjective complaints of constant low back pain with radiculopathy to the lower extremities. The objective findings noted tenderness to palpation of the lumbar spine over L5-S1. The treatment plan was for a psych evaluation. The provider's rationale for the request was not noted within the documentation. A Request for Authorization form was not provided with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, x 30-40 days for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. The guidelines state treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Due to lack of documentation of chronic, disabling, occupational, musculoskeletal disorder and because the provider's request is in excess of the 2 to 3 weeks; the request for Functional restoration program, x 30-40 days for the right shoulder is not medically necessary and appropriate.