

Case Number:	CM14-0071040		
Date Assigned:	07/14/2014	Date of Injury:	05/22/2000
Decision Date:	08/13/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 Neurological Surgery 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 56 year-old individual who was reportedly injured on May 22, 2000. The mechanism of injury for this date of injury is not listed in these records reviewed. A 1997 injury to the left knee is noted, and surgery for that injury to include partial total knee replacement surgery is identified. A left shoulder injury occurred in 1999, to chiropractic care and multiple narcotic medications. An additional cervical spine injury is noted and treated with medications. The most recent progress note dated April 8, 2014, indicates that there are ongoing complaints of neck pain, shoulder pain and knee pain. The past medical history is significant for hypertension, depression, myocardial infarction, obesity, asthma and the multiple traumas. The physical examination demonstrated strong odor of tobacco in an obese individual who is in mild to moderate distress secondary to discomfort. A decrease in right shoulder and left knee range of motion is reported. No specific neurologic findings are noted. Diagnostic imaging studies are not presented for review. Previous treatment includes surgeries, medications and other conservative measures. A request had been made for a functional restoration program and was not certified in the pre-authorization process on April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: When noting the date of injury, the multiple other injuries acting as comorbidities, the numerous comorbidities identified and the parameters outlined in the California Medical Treatment Utilization Schedule (California MTUS). There is no clinical information presented for a functional restoration program 15 years after the date of injury. Furthermore, there is no indication of any desire to return to work, increase functionality, or that there is any possibility of a reasonably positive outcome. There is no noted baseline functional testing, and the other parameters noted in the California MTUS artist or incentive program are not met. As such, no medical necessity has been established based on the records presented for review.