MAXIMUS Federal Services

Case Number:	CM14-0080631		
Date Assigned:	07/25/2014	Date of Injury:	09/09/2010
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 31-year old male with a date of injury of September 9, 2010. He stated that he was lifting heavy polyvinyl chloride pipe while working with a landscaping job when he felt pain in his left shoulder. His current diagnoses included (a) chronic pain, (b) left shoulder pain, (c) chronic low back pain and (d) left lower extremity radiculopathy. In a Qualified Medical Evaluation report dated April 4, 2014 the injured worker complained of left shoulder pain which was at 5-8 out of 10 on the pain scale. He also stated that his pain increased when he use and lift something with his left arm. He also complained of cervical spine pain which he rated to be at 8 out of 10 on the pain scale and which increased with movement of his head. Examination of the cervical spine revealed mild to moderate hypertonic muscles at the scalene muscles at the C3 and C7 spinal levels, mild to moderately hypertonic muscles at the iliocostalis muscles at the T2 and mild swelling was evident at the above stated levels. Range of motion of the cervical spine was limited in all planes. Muscle strength was decreased in all muscle groups tested. Orthopedic tests elicited pain on the left side. Examination of the left shoulder revealed swelling at the left acromioclavicular joint. Apley's Scratch test was positive for moderate pain. Range of motion of the left shoulder was limited in all planes due to pain. He was recommended to undergo a functional restoration program. This is a review of the requested referral to HELP program as an attempt for functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to HELP Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

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

Decision rationale: The medical records received have limited information to support the necessity of the referral for HELP Program as a means of functional restoration program. The injured worker failed to meet the criteria set forth by evidence-based guidelines to be warranted the referral to HELP program as an attempt for functional restoration. There is lack of documentation of failure of conservative treatment including home exercise, physical therapy, and medications. There were no significant subjective and objective findings of functional loss resulting from his chronic pain syndrome except for difficulty in prolonged standing and walking. There was also nothing in the documents that states that the he intends to change his quality of living by returning to his pre-injury state. Therefore, based on the mentioned information, referral to HELP program is not medically necessary at this time.