

Case Number:	CM14-0087562		
Date Assigned:	07/23/2014	Date of Injury:	09/07/2013
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/11/2014

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:

The patient is a 59-year-old female who has submitted a claim for cervical degenerative disc disease with left upper extremity radicular pain, left shoulder tendonitis, and left elbow lateral epicondylitis associated with an industrial injury date of September 7, 2013. Medical records from 2014 were reviewed. The patient complained of persistent left shoulder pain. The pain radiates to the neck, upper back, and the arm. She claims to have pain over her left lateral epicondyle. She was unable to hold heavy things with her left upper extremity. The pain was described as burning with associated numbness, tingling, and weakness in the left upper extremity. Physical examination showed diffuse tenderness over the left trapezius, left shoulder, and left upper extremity. Left shoulder examination showed minimal range of motion in all directions, and extreme pain even to slight movements and palpation. Motor strength and sensation was intact. MRI of the left shoulder, dated September 27, 2013, revealed moderate supraspinatus tendinopathies, supraspinatus segment of the rotator cuff is thickened to 6mm, no rotator cuff tear, and mild degenerative arthritis of the acromioclavicular joint. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated May 5, 2014, denied the request for specialty evaluation for functional restoration program. Reasons for denial were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty Evaluation for Functional Restoration Program: Upheld

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

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

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, progress report dated June 11, 2014 state that she was being requested to do a pain management program because her pain needs to be dealt with directly before she can begin the process of improving function and rehabilitation. However, the medical records did not provide an adequate and thorough evaluation of the chronic pain, and baseline functional testing was also not performed. There was also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition. The records also did not show evidence of inability to function independently. Moreover, there was no documentation that the patient has motivation to change. The guideline criteria have not been met. Therefore, the request for specialty evaluation for functional restoration program is not medically necessary.