

Case Number:	CM14-0185732		
Date Assigned:	11/13/2014	Date of Injury:	10/13/2011
Decision Date:	01/02/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 & 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:

This case involves a 51-year old male who sustained an injury on 10/13/11. The patient suffers from chronic neck and shoulder pain. A shoulder MRI has demonstrated mild tendinopathy of the right rotator cuff and degenerative changes of the acromioclavicular joint. Pain medications include hydrocodone/acetaminophen, and Neurontin. The patient has received physical therapy and intra-articular joint corticosteroid injections. On 10/21/14, request was made for functional restoration program - 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional restoration program - 80 hours: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30-34.

Decision rationale: The injured worker is being treated for chronic pain syndrome primarily involving the right shoulder and neck. Records also indicate a history of substance abuse. Request for a structured detoxification program; however, was denied repeatedly by the worker's comp insurance carrier. Subsequently, records demonstrates several months of opioid

medication compliance and several physical therapy sessions characterizing a motivated patient with a significant loss of ability to function independently resulting from chronic pain. Negative predictors of FRP treatment success had been addressed. The documentation adequately supports the cited MTUS guidelines criteria for FRP. Therefore, this request is medically necessary.