

Case Number:	CM14-0186164		
Date Assigned:	11/14/2014	Date of Injury:	04/17/2013
Decision Date:	01/07/2015	UR Denial Date:	10/09/2014
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 Family Medicine and is licensed to practice in Florida. 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 38-year-old male with a date of injury of 4/17/2013. The mechanism of injury described is falling thirty feet. He sustained facial fractures and underwent multiple facial surgeries. He also sustained right shoulder and knee injuries. Diagnoses include: Partial-thickness articular side supraspinatus tear of the right shoulder, asymptomatic acromioclavicular arthritis of the right shoulder, significant partial thickness articular side supraspinatus tear of the left shoulder, delamination of the superior border of the subscapularis of the left shoulder, Type I SLAP lesion of the left shoulder, anterior-inferior labral tearing/fraying of the left shoulder, medial meniscus tear of the right knee, osteochondral injury of the medial femoral condyle of the left knee, and multiple other body part injuries. Surgery for his right knee is currently pending per a 9/24/2014 progress note. A 9/2014 progress note's physical exam stated that this patient had tenderness on palpation of the medial joint line, especially anteriorly. No crepitus with range of motion and no effusion were noted. As of an April 28th 2014 note he was noted to be temporarily totally disabled. A utilization review physician did not certify a request of this patient to enter a Functional Restoration program. Therefore, an Independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Functional Restoration Programs Page(s): 49, 31-32.

Decision rationale: California MTUS criteria lists the following criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (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) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. This patient has anticipated right shoulder and knee surgery pending. Therefore, he does not meet criteria 4. This request for a functional restoration program is not medically necessary.