

Case Number:	CM14-0188318		
Date Assigned:	11/19/2014	Date of Injury:	07/15/2012
Decision Date:	01/16/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 58-year-old female with a 7/15/12 date of injury. The patient was lifting boxes of merchandise to put on a flatbed and injured her shoulder. According to an appeal note dated 11/12/14, the patient has completed 6-weeks of a functional restoration program, for a total of 160 hours, on 9/19/14. In terms of physical functioning, she reported that she continued to utilize the strength and conditioning and went to the gym several times a week. She reported that her return to work transition was difficult but she continued to navigate moving forward in life with her injury. In the 2nd aftercare session dated 10/23/14, she reported substantially decreased pain, improved mood, and improved communication. She reported using breathing, positive self-talk, stretching, exercise, meditation, and pacing activity to manage her pain. The provider has requested authorization for six sessions of aftercare to help with the successful transition back to full functionality in all activities of daily living and gainful employment. Diagnostic impression: internal derangement, left shoulder, status post arthroscopic subacromial decompression, rotator cuff repair, and manipulation under anesthesia with residuals; chronic cervical strain; reactive depression. Treatment to date: medication management, activity modification, Cortisone injections, surgery, Functional Restoration Program, physical therapy. A UR decision dated 10/27/14 denied the request for [REDACTED] Functional Restoration Program x 6 sessions. Given the completion of a full course of treatment involving a multi-disciplinary approach for the claimant's objective to return to the workforce and given the lack of information regarding the patient's ongoing significant functional deficits, this request is not indicated as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Functional Restoration Program x 6 sessions:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions (or 160 hours) without a clear rationale for the specified extension and reasonable goals to be achieved. However, in the present case, this patient has completed 160 hours of a functional restoration program on 9/19/14. This is a request for six sessions of aftercare to help with the successful transition back to full functionality in all activities of daily living and gainful employment. There is no documentation that this patient continued to have significant functional deficits or has been unable to perform tasks associated with her occupation. In addition, there is no documentation as to what activities of daily living the patient has been struggling with. Furthermore, there is no documentation that this patient cannot be further rehabilitated through conventional home outpatient office visits or an independent home exercise program at this time. Therefore, the request for ██████████ Functional Restoration Program x 6 sessions was not medically necessary.