

Case Number:	CM14-0189800		
Date Assigned:	11/20/2014	Date of Injury:	11/02/2012
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Pain Medicine 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 56 -year-old female with an originally dated injury on November 2, 2012. The patient sustained repetitive motion injuries while working in a grocery market. The industrially related diagnoses include neck pain, upper back pain, right-sided adhesive capsulitis, partial rotator cuff tear, bicep tear, SLAP tear, and AC joint arthritis. The patient has had cold therapy, physical therapy for the shoulder and neck region, acupuncture treatments, pain management evaluation, and functional restoration program for 4 weeks. On 10/15/2013, the patient had a right-sided arthroscopic bicep tenotomy procedure, debridement of SLAP and rotator cuff tear, subacromial decompression, and capsular release. A MRI completed on May 22, 2013 indicate C4-5 mild central canal stenosis with bilateral vertebral hypertrophy causing foraminal stenosis, C5-6 mild central canal stenosis with cord contract and moderate bilateral vertebral hypertrophy and foraminal narrowing due to 2 millimeter disc bulge with slight central protrusion, C6-7 broad central disc bulge causing mild central canal stenosis with right cord contact. On the same day patient had a right shoulder MRI showing prominent supraspinatus tendon thickening and increased signal consistent with tendinopathy or contusion, moderate diffuse subdeltoid subacromial fluid, possible bursitis, mild degenerative arthritis of the AC joint. The patient has had 4 weeks of functional restoration program dating from 10/10/2014 to 10/24/2014 with documented subjective and objective improvement. The disputed issue was request for 2 additional weeks of functional restoration program. A utilization review on October 31, 2014 has non-certified this request. The rationale for denial was the guideline typically recommends the total treatment should not exceed 20 full day sessions. The available clinical information does not support the medical necessity of 2 additional weeks for functional restoration program to override the guideline recommendations. Therefore, the request is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2 weeks of a functional restoration program (weeks 5 & 6) quantity 1:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49 of 127.

Decision rationale: California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. The patient has had 4 sessions of functional restoration program dating from 10/10/2014 to 10/24/2014. On a progress note dating on 10/16/2014, the patient has learned to better preventing and managing pain flare-ups, more specifically, the patient has learned to distinguish better between baseline and flare-up pain. On a progress note dating on 10/24/2014, the patient was doing well with the program, participating in full aspect of the program, with subjective improvement of more upright posture and feeling stronger. On this note, it was also documented patient will benefit from future functional restoration program to explore career options, such as training positions in retail, and assist her with her resume. Given the supporting documentation, the request for functional restoration program for an additional 2 weeks is appropriate to help patient restore previous function level.