

Case Number:	CM14-0193273		
Date Assigned:	12/01/2014	Date of Injury:	10/09/2008
Decision Date:	01/23/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 60 year old patient with date of injury of 10/09/2008. Medical records indicate the patient is undergoing treatment for chronic pain due to trauma, spasm of muscle and cervicalgia. Subjective complaints include aching pain in neck on left side, radiating into the left shoulder rated 4/10. Objective findings include cervical range of motion - flexion 46 degrees, extension 30, left lateral flexion 10, right lateral flexion 30, left rotation 46, right rotation 49; left shoulder range of motion - flexion 120 degrees, extension 61, abduction 113, adduction 41, external rotation 19, internal rotation 72; right shoulder range of motion - flexion 150 degrees, extension 83, abduction 157, adduction 66, external rotation 33, internal rotation 86; weakness to bilateral shoulders, decreased grip strength bilaterally; palpation of left paracervical muscles caused moderate pain and active trigger points; palpation of left upper thoracic group caused moderate pain and active trigger points. Treatment has consisted of chiropractic therapy, physical therapy, Norco, Celebrex, Topamax, Ibuprofen, Aleve and Gabapentin. The utilization review determination was rendered on 10/17/2014 recommending non-certification of Functional restoration program evaluation (left biceps tendon rupture).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation (left biceps tendon rupture): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states that, "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The patient appears to have benefited from multiple treatments with detoxification programs and has had successful weaning from opioid usage. The treating physician details both the success of the previous functional restoration program and the need for an additional functional restoration program. The treating physician has provided a clear evidence based rationale with five detailed goals and objectives for the functional restoration program. As such, the request for Functional restoration program evaluation (left biceps tendon rupture) is medically necessary.