

Case Number:	CM14-0201830		
Date Assigned:	12/12/2014	Date of Injury:	09/16/2013
Decision Date:	01/28/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/16/13 when, while working in a high school, she was accidentally hit from behind and fell on her left side. She had injury to the left hip, shoulder, and hand. She was found to have a left rotator cuff tear and underwent a subacromial decompression and repair. She had postoperative physical therapy. She was seen on 04/30/14. She was having left shoulder, wrist, and hip pain. She was using medical marijuana for glaucoma. Medications included venlafaxine. Physical examination findings included decreased left shoulder range of motion. She had left trochanteric tenderness. Recommendations included an evaluation for a Functional Restoration Program. She was evaluated for the program on 06/18/14. As of 09/05/14 she had completed four weeks of treatment in the program. She had improved coping skills. She had improved left shoulder range of motion but had ongoing shoulder weakness. She was requiring reminders for correct performance of recommended exercises. As of 09/12/14 she had completed five weeks of treatment. She was working on cardiovascular conditioning and strengthening. She was participating in group activities. As of 09/19/14 she had successfully completed the program. She had participated in 160 hours of treatment. She had become proficient in an individualized home exercise program. Authorization for six aftercare sessions 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; six (6) sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic left shoulder pain. Treatments have included left shoulder arthroscopic surgery with post-operative physical therapy and she has successfully completed participation in a quality Functional Restoration Program. Guideline suggestions for treatment post-program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. Therefore the requested six aftercare sessions was medically necessary.