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| Case Number: | CM14-0203187 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 07/31/2004 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Maine. 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 07/31/04 when, while working in a Food Processing Plant, she had right upper extremity pain. Treatments included exercise, and trigger point injections, chiropractic care, TENS, and massage. She underwent right shoulder arthroscopy in March 2010 and a second right shoulder arthroscopy in March 2013. She was evaluated for a Functional Restoration Program on 07/02/14. Pain was rated at 7-9/10. Medications were amitriptyline, Naprosyn, aspirin, Caltrate, and hydrochlorothiazide. Physical examination findings included markedly decreased right shoulder range of motion with myofascial restrictions. She was felt to be an appropriate candidate for participation in the program. She started treatments on 09/08/14. As of 10/31/14 she had completed 30 days of treatment. She had improved right shoulder range of motion and was able to lift up to 25 pounds. The note references the claimant as remaining predisposed to return to work. She had been at temporary total disability when she started the program. Authorization for DME was requested. As of 11/07/14 she had completed all 32 days of treatment. She was continuing to exercise. She was released to work without restrictions. Authorization for further treatment in the aftercare program was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Months of The HELP Latino Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 10 years status post work-related injury and continues to be treated for chronic right shoulder pain. Treatment has included successful completion of a high quality Functional Restoration Program with benefit. Aftercare treatment is being requested. Guideline suggestions for treatment post-program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. In this case, the intensity of the requested additional treatment was not provided and as is being requested is therefore not medically necessary.