MAXIMUS Federal Services

Case Number:	CM14-0204640		
Date Assigned:	12/16/2014	Date of Injury:	04/16/2013
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder, elbow, knee, and ankle pain reportedly associated with an industrial injury of April 1, 2013.In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for a multidisciplinary evaluation, seemingly as a precursor to a functional restoration program. The claims administrator referenced an October 29, 2014 progress note in its determination. The claims administrator also referenced a previous Utilization Review Report of November 4, 2014, which the multidisciplinary evaluation was previous denied.On October 23, 2014, the applicant reported persistent complaints of right shoulder pain status post earlier arthroscopic rotator cuff repair surgery. The applicant was apparently not working with a permanent 25-pound lifting limitation imposed.On September 11, 2014, the applicant's shoulder surgeon appealed the previously denied shoulder MRI, noting that the applicant had 4/5 shoulder strength, positive signs of internal impingement, and slightly limited shoulder range of motion following earlier rotator cuff repair surgery. The attending provider stated that he was pursuing shoulder MRI imaging to demonstrate the presence or absence of repeat or recurrent rotator cuff tear.Shoulder MRI imaging of September 29, 2014 was notable for evidence that the applicant had sustained a non-functional re-tear of the supraspinatus to the mid and distal portions. Supraspinatus muscle belly atrophy was demonstrated. A full-thickness biceps tendon tear with associated retraction was evident.On October 9, 2014, the attending provider acknowledged that the applicant could consider the imposition of permanent work restrictions versus a repeat rotator cuff repair procedure at some

point in the future.It appears that a multidisciplinary evaluation was endorsed via an October 28, 2014 pain management report. This pain management note, however, did not appear on the claims administrator's Medical Index log and was not, thus, incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patient's with Intractable Pain section; Chronic Pain Programs topic Page(s): 6;32.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was/is no clear or compelling evidence that the applicant was/is prepared to make the effort to try and improve. There was no mention of the applicant's willingness to forego disability benefits and/or indemnity benefits in an effort to try and improve. As noted previously, the October 28, 2014 progress note in which the multidisciplinary evaluation was sought was not incorporated into the Independent Medical Review packet.Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that another criterion for pursuit of a functional restoration program/chronic pain program is evidence that an applicant is not a candidate for surgery or other treatments which would clearly be warranted. Here, the applicant has a repeat or recurrent supraspinatus tendon tears and also has a biceps tendon tear. The applicant's shoulder surgeon has suggested that the applicant may very well be a candidate for further shoulder surgery if he so desires. All of the foregoing, taken together, suggested that the applicant is not an appropriate candidate for a multidisciplinary evaluation as a precursor to admission into a functional restoration program, based on the evidence on file, which does not, it is acknowledged, include the October 28, 2014 progress note in which the article in question was sought. The information which is on file, however, failed to support substantiate the request. Therefore, the request is not medically necessary.