

Case Number:	CM14-0206466		
Date Assigned:	12/18/2014	Date of Injury:	01/31/2003
Decision Date:	02/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/10/2014

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 Interventional Spine 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 patient is a 61 year old male with the injury date of 01/31/03. Per physician's report 11/11/14, the patient has right shoulder pain with decreased range of motion. DTRs are 2/2 and motor strength is 5/5. The patient reports increased pain in his shoulder and wants to see orthopedic surgeon. The treater recommends the patient to go back and see his surgeon [REDACTED]. The patient utilizes Norco, Ibuprofen and Flexeril. The patient is not currently working. The lists of diagnoses are: 1) Cumulative trauma injury 2) Bilateral knee disc injury displacement 3) S/P left shoulder rotator cuff 2010 4) Right shoulder rotator cuff injury 5) Cervical disc injury/ Lumbar spine disc injury 6) Bilateral epicondylitis 7) Cervical and lumbar disc displacement 8) Cervical and lumbar sprain/ strain. Per 10/27/14 progress report, the patient has neck pain at 8/10 and lower back pain at 8/10, radiating down upper/ lower extremities. The patient reports having moderate to severe difficulty in sleep. The patient utilized Norco, Motrin, Xana and Tizanidine. The patient has had physical therapy with benefit. Per 08/14/14 progress report, the patient utilizes Xanax, Norco, Ibuprofen, Protonix and Zanaflex. There is mild diminished ROM in Cervical spine, without significant pain upon palpation. AP/lateral cervical spine X-ray 08/05/14 shows significant disc degeneration throughout her cervical spine, especially c5-6 and c6-7. MRI of cervical spine 07/29/14 shows 1) significant facet arthropathy, bilaterally C4-5, C5-6 and C6-7 2) a left-sided disc protrusion at C3-4 causing moderate foraminal stenosis. MRI of the right shoulder 04/15/14 shows 1) tendinosis of the intra-articular long head biceps tendon with degenerative subcortical cyst formation mild spurring in the greater tuberosity of the humeral head 2) Type 11 acromion with moderate acromioclavicular arthrosis. The utilization review determination being challenged is dated on 12/05/14. Treatment reports were provided from 02/21/13 to 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The request is for functional restoration program (FRP), unspecified duration. The patient has not had FRP in the past. The MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. This patient does present with flare-ups in his shoulder and the treater recommends the patient to see his orthopedic surgeon. In this case, the reports do not document the criteria required for the patient to participate in a functional restoration program. Motivational issues, and the negative predictors are not addressed, for example. Furthermore, the request is without duration and MTUS recommends starting with 80 hours with maximum of 160 hours. The request is not medically necessary.