

<b>Case Number:</b>	CM14-0208693		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 59 year old female with an injury date of 07/05/11. Based on the 07/29/14 progress report, the patient rates her left shoulder pain as a 7/10 and indicates that her pain is presents 90%-100% of the time. She has dizziness, depression, anxiety, and stomach problems. The patient has a restricted range of motion of the cervical spine and her sensation is altered in her left arm in a non-dermatomal pattern. The 08/04/14 report indicates that the patient rates her pain as an 8/10 and feels 20% of normal. No additional positive exam findings were provided on this report. The 11/03/14 report states that the patient feels no improvement and continues to have left shoulder pain which she rates as an 8/10. She feels that her left shoulder pain causes her to have headaches. The patient's diagnoses include the following: 1.Sprain, shoulder left 2.Neck strain 3.Contusion, shoulder left The utilization review determination being challenged is dated 12/01/14. There were four treatment reports provided from 02/05/14- 11/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

**Decision rationale:** The patient presents with left shoulder pain, dizziness, depression, anxiety, and stomach problems. The request is for a HELP EVALUATION "to help dissuade her from a more sinister pathology, which she believes is in place." The patient has a restricted range of motion of the cervical spine, her sensation is altered in her left arm in a non-dermatomal pattern, and she has myofascial restrictions in both the cervical and shoulder regions. 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. In this case, the reports do not document the criteria required for the patient to participate in a functional restoration program. However, the request is for an evaluation. The patient does struggle with chronic pain with significant functional decline and an evaluation appears appropriate. The request IS medically necessary.