

Case Number:	CM15-0131464		
Date Assigned:	07/17/2015	Date of Injury:	01/11/2013
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 46 year old female who sustained an industrial injury on January 11, 2013. She has reported right sided cervical neck pain, intermittent right shoulder pain, and resolving right hand and elbow pain and has been diagnosed with status post right elbow surgery with decompression of the cubital tunnel and transposition of the ulnar nerve, status post right shoulder surgery, and cervical spine pain and trapezius pain. Treatment has included medications, surgery, physical therapy, a home exercise program, ice, injection, and acupuncture. Physical examination of the right elbow revealed no Tinel over cubital tunnel. No signs of infection and full range of motion. Examination of the right shoulder revealed muscle strength 5 out of 5. There was full range of motion. There was a normal Hawkin's, Neer, Speed's, and Yergason. There was a positive trapezium pain. The treatment request includes FRP additional 2 weeks-10 days, 60 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP additional two weeks ten days 60 hours at the [REDACTED] :
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) (2) Functional restoration programs (FRPs) Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in January 2013. She underwent right shoulder arthroscopic surgery with a rotator cuff repair in January 2014. She has chronic right upper extremity pain and is participating in a functional restoration program. When requested, she had completed three weeks of a four-week program. She was exercising more and was taking less pain medication. She had met with a vocational counselor. She was now able to carry and lift 2 pounds. She was participating in treatments and felt better. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, there is no return to work plan. The claimant's minimal improvements in material handling are not consistent with even sedentary level work. The requested additional number of sessions and duration of the program is in excess of recommended guidelines and not medically necessary.