

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0136678 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 11/30/2012 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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: California
 Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 11/30/12 to his left shoulder while pushing a heavy bed frame. He had immediate onset of pain. He self- treated without improvement and continued working. He eventually did report the injury and was diagnosed with a rotator cuff injury which was initially treated conservatively without improvement and then had left shoulder surgery (4/2013). He remained symptomatic and MRI post-surgery was abnormal and he underwent a second left shoulder surgery (8/2014) followed by post-operative care. He was off work. He currently complains of left shoulder pain, weakness, tenderness and limitation of motion with increased clicking with attempt to increase use. Industrial medication was Motrin. Diagnoses include status post left shoulder operative arthroscopy (4/2013); status post left shoulder operative arthroscopy (8/2014). Treatments to date include medications; physical therapy. Diagnostics include x-rays of the left shoulder showing post-surgical changes (per 5/6/15 note). In the progress note dated 5/6/15 the treating provider's plan of care includes a request for a trial of six functional restoration visits for the left shoulder as the injured worker has not met his post-operative goals in terms of regaining motion, function or strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration, 2 times a week for 3 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The medical records do not establish that the injured worker meets the criteria for a functional restoration program. A request has been submitted for a trial of six functional restoration visits for the left shoulder as the injured worker has not met his post-operative goals in terms of regaining motion, function or strength. The medical records do not establish that the injured worker is unable to effectively participate in a home exercise regimen to regain range of motion, strength and function. The request for Functional restoration, 2 times a week for 3 weeks, left shoulder is not medically necessary and appropriate.