

Case Number:	CM15-0146880		
Date Assigned:	08/10/2015	Date of Injury:	03/14/2012
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 injured worker is a 42-year-old male, who sustained an industrial injury on 3-14-12. The injured worker was diagnosed as having shoulder dislocation and chronic pain syndrome. Treatment to date has included 2 right shoulder arthroscopic rotator cuff repairs, physical therapy, acupuncture, a functional restoration program, a home exercise program, and medication. Physical examination findings on 7-9-15 included normal muscle tone without atrophy in bilateral upper and lower extremities. Currently, the injured worker complains of right shoulder pain rated as 6 of 10 with intermittent radiation in to the right upper extremity. The treating physician requested authorization for functional restoration program aftercare x6 sessions. Completion of the program is well documented with functional and coping improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program aftercare, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs/Functional Restoration - Intensity Page(s): 33.

Decision rationale: MTUS Guidelines are very specific regarding a reasonable length of treatment for chronic pain programs. Up to 160 hours of program length are considered adequate in the Guidelines and there is documentation that this individual successfully completed the 160 h r. program. Longer-term treatment is not Guideline recommended unless there is specific unusual rationale for a particular individual and the longer-term treatment has proven benefits. Follow up sessions were requested on a routine basis without any select rationale for this individual. In addition, there is no evidence if this after care is essential or results in increased success in their worker compensation population (best measured by RTW). Under these circumstances, the request for the Functional restoration program aftercare, quantity: 6 sessions is not supported by Guidelines and is not medically necessary.