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| Case Number: | CM15-0147649 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 02/11/2011 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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(n) 58 year old male, who sustained an industrial injury on 2-11-11. He reported injury to his right shoulder related to continuous trauma. The injured worker was diagnosed as having pain in shoulder joint and right shoulder arthritis. Treatment to date has included a right shoulder MRI, a right shoulder cortisone injection x 2, physical therapy, acupuncture, Vicodin and a TENS unit. On 5-13-15 the treating physician noted a 90% loss of range of motion in the right shoulder. As of the PR2 dated 5-27-15, the injured worker reports chronic right shoulder pain. He rates his pain a 10 out of 10. On 6-25-15 the injured worker started a functional restoration program. The treating physician requested a functional restoration program to the right shoulder x 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, Right Shoulder, 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 32.

Decision rationale: Functional Restoration Program, Right Shoulder, 160 hours is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for chronic pain programs treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request exceeds this recommended time period and is therefore not medically necessary.