

Case Number:	CM15-0149273		
Date Assigned:	08/12/2015	Date of Injury:	05/28/2009
Decision Date:	09/18/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/31/2015

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 58 year old male with an industrial injury dated 05-28-2009. The injured worker's diagnoses include bilateral shoulder and arm impingement syndrome, possible tear of the rotator cuff, left shoulder and arm adhesive capsulitis, cervical spine herniated nucleus pulposus, cervical degenerative disc disease and cervical radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, left and right shoulder surgery and periodic follow up visits. In a progress note dated 07-15-2015, the injured worker presented for follow up evaluation of bilateral shoulder and cervical spine complaints. Objective findings revealed tenderness at the left trapezius muscle, the right cervical muscles and right trapezius muscle with limited cervical range of motion due to pain and stiffness. Left shoulder exam revealed diffuse tenderness in the shoulder and biceps muscle, positive Speed sign, positive Yergason sign and pain with range of motion. Right and Left elbow exam revealed tenderness at the lateral epicondyle. Right shoulder exam revealed tenderness at the posterior rotator cuff, posterior accessory muscles, and over the pec minor and positive stress tests. Left knee exam revealed minimal diffuse swelling throughout the knee. The treatment plan consisted of medication management and follow up evaluation. The treating physician prescribed evaluation for functional restoration program quantity: 1.00, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for FRP quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: Evaluation for FRP quantity 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for a chronic pain program is that the patient has a significant loss of ability to function independently resulting from the chronic pain. The documentation does not indicate that the patient has a significant loss of ability to function independently therefore this request is not medically necessary.