

Case Number:	CM15-0164166		
Date Assigned:	09/01/2015	Date of Injury:	08/22/2005
Decision Date:	10/05/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
 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 65-year-old female, who sustained an industrial injury on August 22, 2005. The injured worker reported repetitive injury to shoulder. The injured worker was diagnosed as having repetitive strain injury to upper extremities, bilateral shoulder derangement, status post rotator cuff repair, opioid dependence and adjustment disorder. Treatment to date has included surgery, synovectomy, therapy, medication addiction program. A progress note dated August 4, 2015 provides the injured worker complains of neck, shoulder and upper extremity pain. She reports the neck pain extends into the low back and that hot baths help. She reports anger, frustration and sleep disturbance due to chronic pain. Physical exam notes right shoulder well healed surgical scars, tenderness to palpation, edema and decreased range of motion (ROM). There is tenderness to palpation of the cervical paraspinal area with decreased lumbar range of motion (ROM). The plan includes functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 160 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (PRPs), Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional restoration programs Page(s): 49.

Decision rationale: The request is considered medically necessary. A FRP would be indicated in a patient who has failed conservative treatment and is without any other options that would improve her symptoms. The patient has been documented to have failed modalities of conservative treatment including physical therapy, massage therapy, chiropractic, TENS trial, and medications. The patient was motivated to change and negative predictors of success have been addressed. The patient will attend a detoxification program for opioid addiction prior to the FRP. Therefore, the request is considered medically necessary.