

Case Number:	CM15-0181649		
Date Assigned:	09/22/2015	Date of Injury:	02/13/2001
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 02-13-2001. Current diagnosis includes bilateral rotator cuff syndrome. Report dated 08-10-2015 noted that the injured worker presented with complaints that included pain in both shoulders and neck with radiation to both arms, pain in the mid back, lower back, both legs and both knees with associated numbness, tingling, and weakness in both hands. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-10-2015 revealed decreased cervical, lumbar, and bilateral shoulder range of motion, tenderness to palpation in the lumbar, bilateral shoulders, and bilateral knees, positive lumbar facet loading bilaterally, positive Hawkin's test on the right, positive Yergason's test bilaterally, positive cross armed adduction test bilaterally, decreased motor strength in the shoulder, and decreased deep tendon reflexes. Previous treatments included medications, surgical interventions, steroid injections, chiropractic, and physical therapy. The treatment plan included request for all medical records, advised to discontinue Norco and ibuprofen, request for Tramadol ER, diclofenac XR, Prilosec, one time multidisciplinary evaluation, and follow up in 4 weeks. Request for authorization dated 09-04-2015, included requests for multidisciplinary evaluation. The utilization review dated 09-14-2015, non-certified the request for multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation, per 08/10/15 order: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulders with radiation to the bilateral arms. The current request is for Multidisciplinary evaluation, per 08/10/15 order. The treating physician report dated 8/10/15 (36B) states, "With regard to functional limitations during the past month, the patient avoids going to work, socializing with friends, performing household chores, driving and having sexual relations because of her pain." MTUS pages 30-33 has the following: Chronic pain programs (functional restoration programs): Chronic pain programs, early intervention: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks." In this case, the patient is currently not working and exhibits excessive pain behavior that prohibits her from working, socializing, and performing ADL's. The current request of an evaluation for admission into a multidisciplinary program seems reasonable given the patient meets the qualifying recommendations and may benefit from a functional restoration program via multidisciplinary approach. Additionally, the ACOEM guidelines in chapter 7 support referral to a specialist to aid in the diagnosis and treatment plan. The current request is medically necessary.