

Case Number:	CM15-0202137		
Date Assigned:	10/19/2015	Date of Injury:	03/08/2013
Decision Date:	12/28/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old male, who sustained an industrial injury on 03-08-2013. He has reported injury to the left shoulder. The diagnoses have included pain in left shoulder; bursitis of left shoulder; rotator cuff sprains and strains; lesion of ulnar nerve; and status post left shoulder labral debridement and subacromial decompression, on 09-10-2013. Treatments have included medications, diagnostics, acupuncture, physical therapy, home exercise program, and surgical intervention. Medications have included Acetaminophen, Meloxicam, and Voltaren gel. A progress report from the treating provider, dated 09-16-2015, documented an evaluation with the injured worker. The injured worker reported that the left shoulder pain is stable as long as he limits his activity; occasional pain-free days; he completed 8 sessions of physical therapy, but no elbow brace received; the tape makes him feel itchy, but does help pain; pain continued to decrease, but continues when reaching across his body, pulling, laying on the left side; and he is looking forward to addressing overhead lifting with return to physical therapy. Objective findings included he is wearing Kinesio tape on the left elbow, helping fourth and fifth digit pain; towel technique more comfortable; tenderness to palpation of the left cubital fossa; Tinel's sign is positive; there is subluxation of the ulnar nerve about the elbow with flexion and extension; and occasional increased numbness in digits 4 and 5 with prolonged elbow flexion. The provider noted MRI, ordered on 05-06-2015, revealed moderate capsular thickening and increased signal suggesting capsulitis; moderate supraspinatus tendinosis; and tear of labrum. The treatment plan has included the request for functional restoration program evaluation x7 units; visit new patient; prolonged service office outpatient direct, contact first hour; and

prolonged service office outpatient contact each 30 minutes. The original utilization review, dated 10-14-2015, non-certified the request for functional restoration program evaluation x7 units; visit new patient; prolonged service office outpatient direct, contact first hour; and prolonged service office outpatient contact each 30 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation X7 units: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The records request for 4 weeks of a rehabilitation program, therefore exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested Functional restoration program evaluation x7 units is not medically necessary.

Visit new patient: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for a Visit new patient, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly what type of new patient visit is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and directing his care. In light of the above issues, the currently requested Visit new patient, is not medically necessary.

Prolonged service office O/P direct, contact 1st hour: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for prolonged service office O/P direct, contact 1st hour, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While an office visits are appropriate, as with any form of medical treatment, the need for prolonged service cannot be predicted with a high degree of certainty. In light of the above issues, the currently requested prolonged service office O/P direct, contact 1st hour is not medically necessary.

Prolonged service office O/P direct contact each 30 minutes: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for prolonged service office O/P direct contact each 30 minutes, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some

medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While an office visits are appropriate, as with any form of medical treatment, the need for prolonged service cannot be predicted with a high degree of certainty. In light of the above issues, the currently requested prolonged service office O/P direct contact each 30 minutes are not medically necessary.