

Case Number:	CM15-0203519		
Date Assigned:	10/20/2015	Date of Injury:	04/13/2012
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50-year-old woman sustained an industrial injury on 4-13-2012. Diagnoses include right shoulder rotator cuff injury, right frozen shoulder, myofascial pain syndrome, cervical disc displacement, and failed neck syndromes. Treatment has included oral medications, physical therapy, injection therapy, and surgical interventions to the right shoulder and cervical spine. Physician notes dated 4-15-2015 show a comprehensive functional restoration program evaluation. The physical examination shows spasms, tenderness and "decreased range of motion" to the right shoulder with normal motor strength and "decreased" grip strength. Recommendations include functional restoration program and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional functional restoration program x 2 weeks: Upheld

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

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

Decision rationale: The claimant sustained a work injury in April 2012 when, while working as an OR technician, she was transporting a heavy tray which slipped. In November 2012, she underwent an anterior cervical decompression and fusion and was able to return to work. In November 2013, she underwent right shoulder, surgery complicated by adhesions and had a manipulation under anesthesia in June 2014 with a suboptimal outcome. She was evaluated for participation in a functional restoration program in April 2015. Medications were Percocet and Motrin. Physical examination findings included spasms and tenderness with decreased range of motion and strength. She was found to be an appropriate candidate for participation in the program. Being requested is an additional two weeks of functional restoration program participation. In terms of functional restoration programs, guidelines suggest against treatment for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, there was no information submitted which documents the claimant's participation to date in the functional restoration program. The number of sessions already provided and reason for the extension was not provided. The request that was submitted cannot be accepted as being medically necessary.