

Case Number:	CM15-0024892		
Date Assigned:	02/17/2015	Date of Injury:	12/19/2009
Decision Date:	03/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 63-year-old male reported a work-related injury on 12/19/2009. According to the progress notes dated 2/3/15, the injured worker reports continued bilateral shoulder pain, worse on the right. The diagnoses were listed as bilateral shoulder rotator cuff injury, status post right shoulder rotator cuff surgery, status post left shoulder rotator cuff surgery, residual right shoulder pain, associated decreased range of motion and strength, possible peripheral neuropathy or carpal tunnel syndrome, myofascial pain syndrome and wrist sprain/strain. Previous treatments include medications, physical therapy, home exercise and multiple surgeries. The treating provider requests functional restoration program for the upper extremities. The Utilization Review on 1/29/2015 non-certified the request for functional restoration program for the upper extremities, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program - Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7-10 and 49.

Decision rationale: Per the guidelines, a functional restoration program (FRPs) is a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Independent self-management is the long-term goal of all forms of functional restoration. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This injured worker is already working with a home exercise program and the records do not document other treatment modalities that could be trialed other than deeming him not a surgical candidate. The records do not support the medical necessity of a functional restoration program.