

Case Number:	CM15-0214709		
Date Assigned:	11/04/2015	Date of Injury:	07/29/2010
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This is a 51 year old male with a date of injury of July 29, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical and lumbar sprain and strain, left biceps tear with surgical repair, right upper extremity pain, possible myofascial pain syndrome, left shoulder status post rotator cuff surgery, and bilateral carpal tunnel syndrome. Medical records dated July 23, 2015 indicate that the injured worker complained of pain and discomfort. A progress note dated September 17, 2015 documented complaints similar to those reported on July 23, 2015. The physical exam dated July 23, 2015 reveals a slightly antalgic gait, use of a cane, tenderness to palpation of the left shoulder, painful range of motion of the left shoulder, tenderness to palpation of the left elbow, positive Tinel's and Phalen's signs on the left, tenderness to palpation of the cervical paraspinal muscles with myofascial tightness, painful range of motion of the cervical spine, tenderness to palpation of the lumbosacral spine, painful range of motion of the lumbar spine, trace deep tendon reflexes in the bilateral lower extremities, and bilateral lower extremity edema. The progress note dated September 17, 2015 documented a physical examination that showed no changes since the examination performed on July 23, 2015. Treatment has included medications (Tramadol and Mobic), an unknown number of chiropractic treatments, and left shoulder surgeries. Magnetic resonance imaging of the left shoulder (June 19, 2015) showed moderate acromioclavicular osteoarthritis with a mild subacromial spur, mild to moderate tendonopathy of the supraspinatus tendon, mild to moderate subacromial and subdeltoid bursitis, and possible impingement syndrome. Magnetic resonance imaging of the cervical spine (June 19, 2015) showed small disc osteophyte complex at C3-4 with ventral

effacement of the thecal sac and mild compromise of both neural foramen. The utilization review (October 22, 2015) non-certified a request for a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program evaluation: Overturned

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 patient presents with diagnosis that include cervical and lumbar sprain and strain, left biceps tear with surgical repair, right upper extremity pain, possible myofascial pain syndrome, left shoulder status post rotator cuff surgery and bilateral carpal tunnel syndrome. The patient recently complained of persistent pain and discomfort. The current request is for a functional restoration program evaluation. The treating physician states in the treating report dated, 9/17/15 (27B), "In view the patient has already tried numerous treatments, he still has a lot of pain and discomfort, so I request approval for functional restoration program evaluation." MTUS guidelines recommend functional restoration programs. Furthermore the ACOEM guidelines support referral to a specialist to aid in complex issues. The treating physician indicates that he feels the patient's condition would best be addressed through a functional restoration program to improve his coping skills in dealing with his current persistent pain and improve his functional level. The patient has failed to respond positively to previous treating methods for his chronic pain, the patient exhibits a significant loss of ability to function independently; the patient exhibits motivation to change. The current request is medically necessary.