

<b>Case Number:</b>	CM15-0221111		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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

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 54 year old male who sustained a work-related injury on 1-25-08. Medical record documentation revealed the injured worker was being treated for recurrent left rotator cuff tear with reverse total shoulder replacement on 7-9-15, improving left shoulder pain, chronic left knee pain and lumbago with left leg sciatica. The injured worker reported that his left shoulder pain had increased and he continued to experience a stiff shoulder (8-28-15). He reported ongoing low back pain and left knee pain (9-25-15). He had completed at least 7 visits of post-operative physical therapy and had continued back pain (8-28-15). The injured worker had a spine surgical evaluation with recommendation for bone scan and bone density test. A pain management consultation was done with recommendation for left sided block of all angular three nerves of the left knee and possible radiofrequency rhizotomy at those three nerves. The pain management physician recommended a multi-disciplinary program that would be comprised of pain management, biofeedback, physical therapy, chiropractic therapy, acupuncture therapy and physiological intervention to treat the injured worker's chronic pain and to better equip him to deal with his physical pain and the associated psychological conditions. The injured worker's medication regimen included Norco and Ibuprofen. Objective findings included a well-healed left shoulder incision. His passive range of motion included forward flexion and abduction to 90 degrees, and external and internal rotation to less than 10 degrees without pain (8-28-15 and 9-25-15). A request for one (1) consultation and treatment in a Multidisciplinary Program was received on 10-6-15. On 10-12-15, the Utilization Review physician determined one (1) consultation and treatment in a Multidisciplinary Program was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One (1) consultation and treatment in Multidisciplinary Program: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and 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 was injured on 01/25/08 and presents with pain in his left shoulder, left knee, and lumbar spine. The request is for one (1) consultation and treatment in multidisciplinary program. The utilization review rationale is that "there was no indication that previous methods of treating the patient's complaints have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement." There is no RFA provided and the patient is permanent and stationary. MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient is diagnosed with left rotator cuff tear with reverse total shoulder replacement on 7-9-15, improving left shoulder pain, chronic left knee pain and lumbago with left leg sciatica. Treatment to date includes physical therapy. The 09/27/15 treatment report indicates that the multi-disciplinary program will consist of medication management, biofeedback, physical therapy, chiropractic therapy, acupuncture therapy and physiological intervention. Given the patient's chronic low back pain and lack of progress with conservative care, a functional restoration program may be an option. An evaluation to determine the patient's candidacy appears reasonable. Therefore, the request is medically necessary.