

Case Number:	CM15-0221689		
Date Assigned:	11/17/2015	Date of Injury:	08/27/2009
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 67-year-old male who sustained a work-related injury on 8-27-09. Medical record documentation on 1-8-15 revealed the injured worker was being treated for left shoulder rotator cuff injury; status post left shoulder surgery on 2/10/2010, chronic left shoulder pain and left frozen shoulder and adhesive capsulitis. The evaluating physician noted that the injured worker failed left shoulder surgery and noticed increased pain and discomfort with colder weather. The evaluating physician noted that the injured worker was not a surgical candidate and he had limited ability to push, pull, lift and difficulty reaching over his shoulder. The evaluating physician recommended a functional restoration program evaluation and noted that the injured worker was motivated to participate in the program. He used Norco for pain control and was encouraged to continue his home exercise program. On 9-17-15, the injured worker reported pain and discomfort in the left shoulder. Objective findings included tenderness to palpation of the left shoulder with painful range of motion with abduction and flexion. He had tenderness to palpation over the acromioclavicular joint. The recommendation was for Naprosyn 500 mg as needed for pain and inflammation and to continue his home exercise program. A request for functional restoration program evaluation for the left shoulder was received on 10-15-15. On 10-20-15, the Utilization Review physician determined functional restoration program evaluation for the left shoulder. The patient had received an unspecified number of PT visits for this injury. The patient sustained the injury due to slip and fall incident. The patient had used a TENS unit for this injury. The patient had X-ray of the left shoulder that revealed arthritic changes and MRI revealed loss of biceps tendon and degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation Left Shoulder: 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: Functional Restoration Program Evaluation Left Shoulder. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) Negative predictors of success above have been addressed." The patient had diagnoses of left shoulder rotator cuff injury; status post left shoulder surgery on 2/10/2010, chronic left shoulder pain and left frozen shoulder and adhesive capsulitis. The patient had failed left shoulder surgery and noticed increased pain and discomfort with colder weather. The evaluating physician noted that the injured worker was not a surgical candidate and he had limited ability to push, pull, lift and difficulty reaching over his shoulder. On 9-17-15, the injured worker reported pain and discomfort in the left shoulder. Objective findings included tenderness to palpation of the left shoulder with painful range of motion with abduction and flexion. He had tenderness to palpation over the acromioclavicular joint. The patient had received an unspecified number of PT visits for this injury. The patient had X-ray of the left shoulder that revealed arthritic changes and MRI revealed loss of biceps tendon and degenerative. The patient has chronic pain beyond the expected time for recovery. The patient is on multiple medications. An initial one time EVALUATION to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time. The request for Functional Restoration Program Evaluation Left Shoulder is medically necessary and appropriate for this patient.