

Case Number:	CM15-0031325		
Date Assigned:	02/24/2015	Date of Injury:	07/23/2012
Decision Date:	04/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/19/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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:

The injured worker was a 63 year old female, who sustained an industrial injury, July 21, 2012. According to progress note of January 6, 2015, the injured workers chief complaint was cervical and right shoulder pain. The injured worker's pain level was 6 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted positive tenderness to palpation with painful range of motion. The extension was normal, pain with abduction and flexion. The injured worker had decreased strength with abduction on the right side compared to the left. The deep tendon reflexes were equal bilaterally to the upper extremities. The cervical spine noted cervical paraspinal tenderness with palpation, right greater than the left. The injured worker was diagnosed with cervical strain/sprain, posttraumatic myofascial pain syndrome, right shoulder rotator cuff injury with partial tear, status postsurgical repair with failure, right shoulder strain/sprain injury and pain on palpation to the elbow region. The injured worker previously received the following treatments hot showers and Ketoprofen cream. On January 6, 2015, the primary treating physician requested authorization for a functional restoration program times 2 weeks (10 days). On February 16, 2015, the Utilization Review denied authorization for a functional restoration program times 2 weeks (10 days). The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for two weeks (10 days): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 91.

Decision rationale: Per ACOEM: Functional Restoration. If an early return to work has been achieved and the return-to-work process is working well, the likelihood of debilitation should be limited. If, however, there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered. Such a program could include components of aerobic conditioning as well as strength and flexibility assessment where necessary. It is also worth noting that preinjury and postinjury or illness strength and endurance may be limited and might be less than the job requires. If this is the case, the likelihood of reinjury or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to suit the patient's abilities or considering alternative placement. The patient had participated in a functional restoration program but did not demonstrate improvement. Further participation in this program would not be indicated.