

Case Number:	CM15-0083180		
Date Assigned:	05/05/2015	Date of Injury:	04/14/2012
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a(n) 61 year old male, who sustained an industrial injury on 4/14/12. He reported bilateral shoulder pain. The injured worker was diagnosed as having status post bilateral rotator cuff repairs. Treatment to date has included shoulder surgery, physical therapy and Norco. As of the PR2 dated 3/31/15, the injured worker reports left shoulder pain. The treating physician noted a positive Hawkins in the left shoulder and minimal discomfort with range of motion. The AME physician's report was referenced in the PR2, a functional restoration program was recommended over a plasma rich platelet injection. The treating physician requested a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the medical information available for review, there is no documentation of the aforementioned criteria having been met, as there is no documentation of: An FRP evaluation; that all methods of treating the pain have been exhausted as the provider and patient are considering surgical intervention; a significant loss of function; lack of candidacy for surgery or other treatments; motivation to change and for participation in the FRP; and negative predictors of success having been addressed. Furthermore, the duration of the proposed program is not specified and there is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.