

Case Number:	CM15-0089459		
Date Assigned:	05/13/2015	Date of Injury:	10/22/2013
Decision Date:	06/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 44 year old male who sustained a work related injury October 22, 2013. Past history included s/p left shoulder arthroscopy, subacromial decompression and distal clavicle coplaning June 2014 and complex regional pain syndrome. According to a weekly progress report from the Functional Restoration Program, dated March 16-March 20, 2015, week 5 completed, 117 cumulative hours; the injured worker had significant improvement in his ability to manage his chronic pain in the injured area despite intermittent exacerbations of pain following physical therapy sessions. He progressed in his exercise program consisting of two hours of daily exercise including cardiovascular, flexibility, core and resistance training. Current medication is documented as Norco on an as needed basis for pain. He attended educational classes, group psychotherapy and cognitive behavioral classes, with progress. Diagnoses chronic cervical strain with possible left cervical radiculopathy and cervical spondylosis; left shoulder pain; post-traumatic headaches. A discharge report, dated 3/23/2015-3/27/2015, completing week 6, and cumulative 142 hours; overall improvement in the bilateral lower extremity range of motion and strength, and in functional movement capacity and functional lifting capacity. He would like to receive a gym membership and continue with physical therapy. He is proficient in a home exercise program regarding his neck and left shoulder. At issue, is a request for a Functional Restoration Aftercare Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Functional Restoration Aftercare program: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Functional Restoration Program.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional restoration programs.

Decision rationale: This 44 year old male has complained of shoulder pain since date of injury 10/22/13. He has been treated with surgery, physical therapy, functional restoration program and medications. The current request is for ██████████ Functional Restoration Aftercare program. The available medical records do not contain documentation supporting the necessity of aftercare program visits. There are no special circumstances documented nor medical rationale documented to support the necessity of ██████████ functional restoration aftercare program. On the basis of the available medical documentation and per the ODG guidelines cited above, ██████████ functional restoration aftercare program is not indicated as medically necessary.