

Case Number:	CM14-0117455		
Date Assigned:	08/06/2014	Date of Injury:	05/19/2005
Decision Date:	10/20/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/26/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65 year old female injured on May 19, 2005 due to repetitive movements at work. Clinical note, dated July 17, 2014, indicates the injured worker presents with a flare up of pain in the right shoulder. Physical exam shows decreased range of motion associated with positive rotator cuff impingement test of the right shoulder. Motor strength is decreased in the right upper extremity. Diagnoses include right shoulder rotator cuff injury, right shoulder labrum tear, right frozen shoulder with adhesive capsulitis, status post right shoulder surgery, right wrist tendonitis, right ulnar neuropathy, right thumb trigger finger, and status post right carpal tunnel release in March 2010. On this day this injured worker expresses deep concern due to not being able to continue to functional restoration program. The injured worker states "she still has pain and received great benefit from this program and would like to continue." Psychological evaluation indicates the injured worker has been treated with acupuncture, medication and physical therapy, but the pain persists. The injured worker was evaluated by a physical therapist on May 14, 2014. Physical therapist concluded the injured worker would benefit from the functional restoration program (FRP). Medications include tramadol, diclofenac, and cyclobenzaprine. The request for functional restoration program, 2 weeks was denied in prior utilization review on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49/127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain, Functional Restoration Program

Decision rationale: This is a 65 year old female claimant who reported a cumulative trauma disorder to her left upper extremity over 9 years ago on May 19, 2005. The claimant has chronic pain and musculoskeletal dysfunction of the left upper extremity. There has been a multidisciplinary FRP evaluation including, physical therapy, psychological evaluation and physical medicine evaluations. The physical therapy evaluation is noteworthy in that the Left upper extremity AROM is more severely limited versus the Right upper extremity. Shoulder abduction Rt 94 degrees, Lt 88 degrees; Internal Rotation Rt 80 degrees Lt 42 degrees; External rotation Rt 71 degrees, Lt 34 degrees. Furthermore, the psychological evaluation makes an Axis I diagnosis of Depressive Disorder yet there is no documentation of any intervention previously either in psychotherapy or antidepressant therapy to address this diagnosis. Since Functional restoration program (FRP) are a last resort to try to gain functional improvement over chronic pain, all conservative measures should be exhausted. The use of antidepressant therapy may be necessary to address the anhedonia and other psychological overlay to ensure a successful outcome in a FRP. Antidepressants take time to find the right combination or strength of medications to address the depression. Finally, this program was intended to be a 4 week program (160 hours) with an evaluation after 2 weeks to determine compliance and efficacy and progress. To prematurely anticipate a program in excess of 160 hours is not warranted and not in keeping with ODG recommendations. This request remains not medically necessary.