

Case Number:	CM14-0162903		
Date Assigned:	10/08/2014	Date of Injury:	01/12/2013
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported injury on 01/12/2013. The mechanism of injury was repetitive lifting of heavy objects including towels. The injured worker threw a bag of wet towels on a bed and when she tried to lift it from the bed she felt sudden onset of pain in her shoulder. The diagnosis included rotator cuff rupture, joint pain shoulder, recurrent depression psychosis moderate and myalgia and myositis NOS. The prior treatments included pain medication, massage, a chronic pain management program and surgical intervention. The injured worker's medication trials included nabumetone, hydrochlorothiazide, atenolol, simvastatin, Norco, Levoxyl, hydrocodone, Naprosyn, pantoprazole, omeprazole, vitamin D, Protonix, Vicodin, Lipitor, Celebrex, and Percocet. The injured worker had an MRI of the right shoulder and x-ray of the chest. There was a request for authorization for 80 hours of a HELP program on 06/26/2014. The injured worker completed 80 hours of a functional restoration program and the documentation of 09/02/2014-09/05/2014, 09/08/2014 indicated the recommendation was made for an aftercare HELP remote care program with regular clinical contact services for weekly goal setting and goal attainment monitoring to allow the injured worker to maintain the gains she had made and continue making functional progress. Additionally, the recommendation was made for durable medical equipment for use in a home exercise program and management of chronic pain. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 4 months remote care, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Disability Duration Guidelines, (9th Edition) Work Loss Data Institute

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic Pain Program

Decision rationale: The Official Disability Guidelines indicate that treatment for post program should be well documented and provided to the referral physician. The patient may require time limited less intensive post treatment with the program itself. There was a lack of documentation of objective functional deficits to support a necessity for 4 months of remote care. Given the above, the request for functional restoration program 4 months remote care, right shoulder is not medically necessary.

Interdisciplinary treatment interdisciplinary reassessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Disability Duration Guidelines, (9th Edition) Work Loss Data Institute

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic Pain Program

Decision rationale: As the request for the functional restoration program 4 months remote care was found to be not medically necessary, the request for interdisciplinary treatment interdisciplinary reassessment is not medically necessary.