

Case Number:	CM14-0180038		
Date Assigned:	11/04/2014	Date of Injury:	10/29/2011
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 49-year-old male with date of injury of 10/29/2011. The listed diagnoses per [REDACTED] from 09/19/2014 are: 1. Shoulder pain, 2. Head injury, unspecified, 3. Headache, 4. Psychiatric disorder or problem. According to this report, the patient has a history of head injury from 10/29/2011. He rates his pain a 7/10 today in the left shoulder. The patient describes his pain in the left shoulder and wrist as localized with no tingling/numbness in the upper arms. He states that he is getting "forgetful" and continues to have headaches. He was seen by a neurologist who gave him a diagnosis of post concussion syndrome. The examination shows the patient's gait is non-antalgic. The patient has a mildly labile affect, being able to appropriately laugh at jokes but becomes tearful when discussing his pain and disability. No other findings were reported. The records include one progress report from 09/19/2014. The utilization review denied the request on 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: This patient presents with left shoulder, wrist pain and headaches. The treater is requesting a Multidisciplinary Evaluation. The MTUS Guidelines supports Functional Restoration Program given that the patient has met specific criteria. To determine the patient's candidacy, a full evaluation is appropriate to obtain. Since the patient's injury is from 2011, it could be that the patient has had several conservative treatments to treat his pain; however, this is unknown. Given the patient's chronic and persistent pain, a Functional Restoration Program consultation is reasonable and is consistent with the MTUS Guidelines. The request is medically necessary.