

Case Number:	CM14-0078973		
Date Assigned:	07/18/2014	Date of Injury:	04/11/2013
Decision Date:	12/31/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

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 and Rehabilitation 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:

This 46 year-old patient sustained an injury on 4/11/13 from pulling grapevines, stepping into a hole, lost her balance and stumbled while employed by [REDACTED]. Diagnoses include s/p left shoulder arthroscopy on 9/4/13; s/p left shoulder manipulation under anesthesia (MUA) on 2/5/14. Report of 4/15/14 noted neck and low back symptoms with pain and fear of avoidance developing from neck and back problems. Exam showed tenderness to palpation of the medial scapula border and mid-thoracic spine. Exam of 4/21/14 noted shoulder pain improving with continued back pain. The patient has not returned to any modified work as none are available. Exam showed shoulder range of abd/flex/ext/IR/ER/add of 180/180/50/70/90/40 degrees; diffuse tenderness at anterior, lateral, and posterior shoulder girdle with positive Hawkin's test and diffuse 4/5 motor weakness. Conservative care has included medications, therapy of 52 sessions as of 4/30/14, and modified activities/rest. Request(s) under consideration include [REDACTED] evaluation. The request(s) for [REDACTED] evaluation was non-certified on 5/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **evaluation:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Functional Restoration Evaluation Program Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: Submitted reports have not presented any psychological evaluation clearance or issues. The patient has not shown any motivation to return to any form of work and reports have no mention of functional limitations in ADLs or described any benefit with adequate response from previous therapy treatment rendered with further demonstrated need for this chronic injury with long-term ongoing treatment. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to return to work with continued non-tapering medication use. The [REDACTED] evaluation is not medically necessary and appropriate.