

Case Number:	CM14-0125012		
Date Assigned:	08/11/2014	Date of Injury:	12/01/2010
Decision Date:	01/09/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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 Texas and 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 patient is a 76 year old female who was injured on 12/1/2010. The diagnoses are bilateral shoulder capsulitis and rotator cuff syndrome, cervicobrachial syndrome, neck and shoulder pain. There are associated diagnoses of mood disorder and insomnia. [REDACTED] noted subjective complaint of some left shoulder discomfort. The range of motion and strength was noted to be good. The clinic notes did not have detail in subjective and objective findings. On 7/8/2014, [REDACTED] noted subjective complaint of neck, shoulder and hand pain. On 7/28/2014, the pain score was noted as 8-10/10 on a scale of 0 to 10. There was objective finding of left shoulder crepitus with tenderness over AC joint and limited range of motion. There were swelling of bilateral knees and ankles. The shoulder provocative tests were positive for impingement and instability. The patient had difficulty with self-care. The medications listed are Tylenol with Codeine and gabapentin. The patient wishes to reduce medication utilization by participating in physical treatment program. A Utilization Review determination was rendered on 7/22/2014 recommending non certification for Functional Restoration Program evaluation - bilateral shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation bilateral shoulders: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that functional restoration program can be utilized in the treatment of significant neuromuscular deficit that did not resolve with conservative treatment with medications and PT. The records indicate that the patient has subjective limitation in ADL and objective findings of severe limitation of range of motion to bilateral shoulders. The patient completed PT, surgery and medication treatments. Improvement in range of motion of the shoulders would enable the patient to continue independent function and avoid dependence on caregivers and home health aides. The criteria for the functional restoration program evaluation -bilateral shoulders was met.