

Case Number:	CM14-0173532		
Date Assigned:	10/24/2014	Date of Injury:	07/15/2012
Decision Date:	01/06/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine 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:

Patient is a 57 year-old female with date of injury 07/15/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/04/2014, lists subjective complaints as pain in the left shoulder and left side of the neck. Patient is status post left shoulder arthroscopy for rotator cuff repair and subacromial decompression in November of 2011. Objective findings: Examination of the cervical spine and left shoulder revealed tenderness to palpation of the medial border of the scapula and left anterior aspect of the shoulder. Range of motion was reduced in all directions. Deep tendon reflexes were 2+ and symmetric in the bilateral upper extremities. Diagnosis: 1. Pain disorder associated with both a general medical condition and psychological factors 2. Depression 3. Anxiety disorder. Patient has completed 5 weeks of treatment at NCFRP and reported improved ability to cope with chronic pain, and significant improvement in functional abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional [REDACTED] Functional Restoration Program x 55 hours for the neck and left shoulder: Upheld

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

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

Decision rationale: Criteria for continuation in a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. Longer durations or the equivalent of 20 full days require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed). Although the patient seems to have progressed during her 5 weeks at in the functional restoration program, there is little explanation in the medical record why in extension as needed. Additional [REDACTED] Functional Restoration Program x 55 hours for the neck and left shoulder is not medically necessary.