

<b>Case Number:</b>	CM14-0210829		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 67-year-old female who sustained an industrial injury on 2/5/13 when she fell and fractured her left humerus. Impairment rating report dated 9/17/13 opines that the patient has reached maximum medical improvement as of the date of the examination. He notes that future medical treatment is not anticipated in the absence of a new injury or aggravation. The 10/24/14 (58) attending physician report, the patient complains of left upper extremity pain following a left humeral head and neck fracture. The report indicates the patient has received medication primarily in the form of anti-inflammatory and occasional muscle relaxants. She has completed approximately 30 sessions of physical therapy. She is not a candidate for additional surgical correction. The patient reports some limitations with lifting and reaching. Physical examination reveals weakness in shoulder flexion and abduction. There is tenderness to palpation over the biceps. Provocation orthopedic tests are negative. Based on this he recommends a multidisciplinary evaluation. The patient is retired from working as a school teacher. Her current diagnosis is Status-post proximal humerus fracture. The utilization review report dated 11/17/14 denied the request for 1-day interdisciplinary pain management evaluation based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1-day interdisciplinary pain management evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-33.

**Decision rationale:** The patient presents with persistent left arm pain. The current request is for 1-day interdisciplinary Pain Management Evaluation. According to the MTUS guidelines, Functional Restoration Programs are recommended when the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, baseline functional testing has not been addressed in the form of functional capacity evaluation. Previous forms of treatment have been quite successful at restoring function particularly with ADLs. Records from the impairment rating evaluation (62) indicate she has no impairments to ADLs. There is nothing in the documentation that indicates the candidate has motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Negative factors of success have not been addressed. The criteria for participating in a functional restoration program has not been met and as such, the recommendation is for denial.