

Case Number:	CM14-0211818		
Date Assigned:	12/24/2014	Date of Injury:	08/28/2012
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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

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 63-year-old male with an injury date of 08/28/2012. Based on the 10/27/2014 progress report, the patient complains of having chronic right shoulder pain. He has pain in the front inside of his shoulder which is worsened with any activity requiring him to lift his right arm. He rates his pain as a 3-4/10. The 11/10/2014 report states that the patient has had some irritability and tension in his mood which is affecting his family relationship. The 11/25/2014 report indicates that the patient has severe limitation in range of motion of the right shoulder, his right shoulder is worse in the anterior and lateral aspect of the shoulder than the posterior aspect, his pain radiates to the right proximal elbow, he rates his pain as being mild to moderate, he has tenderness over the anterior aspect of the right shoulder as well as the acromion, and there is anticipated future need for surgical treatment. The patient's diagnoses include the following: chronic right shoulder pain status post right shoulder rotator cuff arthroscopic repair with residual range of motion restrictions (02/03/14). The utilization review determination being challenged is dated 12/08/2014. Treatment reports are provided from 07/11/2014 - 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 160hrs for right shoulder: Upheld

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

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

Decision rationale: The patient presents with chronic right shoulder pain. The request is for a FUNCTIONAL RESTORATION PROGRAM 160 HOURS. MTUS guidelines page 49, recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatments would clearly be, (5) the patient exhibits motivation to change, and (6) negative predictors of success above have been addressed. MTUS page 49, also states that up to 80 hours or 2-week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient is status post right shoulder rotator cuff arthroscopic repair, 02/03/2014. He did report some improvement in pain initially. The patient continued to have pain in the right shoulder with activities requiring him to lift the right arm. At this point, the patient is not pending further surgeries, and the patient does not want to have more surgeries. He has exhausted conservative care including physical therapy, injections, and medications. The patient is being referred for an FRP evaluation/treatment to a program with proven successful outcomes. The patient continues to have restrictions in function secondary to limitations in range of motion of the right shoulder. He has pain in the anterior and lateral shoulder, especially with lifting the right arm and abduction and forward flexion above 120 degrees. He reports pain and difficulty with pushing the shopping cart at the supermarket using the right arm. He has difficulty with self-care tasks such as washing his hair, shaving his face, and dressing to put on a shirt. Our goals for this patient are to complete a functional restoration program and wean completely off of opiate medication, improve his tolerance for lifting more than 10 pounds with the right arm, pushing/pulling using the right arm, and work above shoulder level. We would like to improve his ability to do self-care activities such as washing his hair, shaving, and dressing himself. We believe getting this gentleman up to this level of functioning is achievable. The patient is also highly motivated to have functional improvement. In this case, a 2-week course of 80-hour trial of FRP would be reasonable; however, the treater is requesting for 160 hours of functional restoration program. Therefore, the requested Functional Restoration Program 160 hours IS NOT medically necessary.