

Case Number:	CM14-0214062		
Date Assigned:	12/31/2014	Date of Injury:	02/13/2013
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 injured worker is a 43 year-old male who was injured on 2/13/13 when taking a wheelchair downstairs with a co-worker and felt a pull along the shoulder. He complained of shoulder pain. On exam, he had decreased cervical and bilateral shoulder range of motion. There was no sign of instability. He was diagnosed with right shoulder adhesive capsulitis, shoulder sprain, status post labral repair, subacromial decompression, and distal clavicle resection for acromioclavicular joint impingement which he had on 9/13/13. He had 70% improvement in pain. His medications included Naprosyn, Pantoprazole, Medrox patches, and Terocin lotion. He had physical therapy and had home exercise program. The patient had a TENS unit which was helpful and reduced the need for medications. The current request is for a functional restoration program, for persistent shoulder pain, which was denied by utilization review on 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

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

Decision rationale: The request is considered not medically necessary. A FRP would be indicated in a patient who has failed conservative treatment and is without any other options that would improve his symptoms. The patient had some improvement with physical therapy and the TENS unit. The patient has not been documented to have failed all modalities of conservative treatment. There was no documentation of baseline functional testing, motivation of the patient to change, or that negative predictors of success have been addressed. The patient is supposed to have a functional restoration pain management evaluation to determine his appropriateness for a functional restoration program. Until then, the request is considered not medically necessary.