

Case Number:	CM15-0109097		
Date Assigned:	06/15/2015	Date of Injury:	12/04/2002
Decision Date:	07/14/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/05/2015

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 & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial/work injury on 12/4/02. She reported initial complaints of bilateral shoulder pain. The injured worker was diagnosed as having right shoulder rotator cuff tear, internal derangement of left shoulder, and chronic bilateral shoulder pain. Treatment to date has included medication, physical therapy, surgery (right shoulder arthroscopy in 2003), home exercises, acupuncture, aquatic therapy, injection therapy, diagnostic testing, and [REDACTED] MRI results were reported on 7/31/09 that reported recurrent full thickness rotator cuff tear. Currently, the injured worker complains of neck and bilateral upper extremity pain. Per the re-evaluation on 5/6/15, there was difficulty getting the shoulders past horizontal, myofascial restrictions in shoulder girdle, intact sensation, and postural abnormalities. The requested treatments include 180 hour treatment in functional restoration program at HELP.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Hour treatment in functional restoration program at HELP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Guidelines recommend a maximum of 20 full day sessions (160 hours). Within the documentation available for review, 180 hours of functional restoration program are being requested. Guidelines do not recommend more than 160 hours. Additionally, they do not recommend more than 2 weeks without documentation of objective functional improvement. As such, the currently requested functional restoration program is not medically necessary.