

Case Number:	CM15-0112093		
Date Assigned:	06/17/2015	Date of Injury:	10/12/2007
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

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 61 year old male who sustained an industrial injury on 10/12/2007. Mechanism of injury occurred while lifting a heavy piece of equipment and lost his balance. He suffered multiple upper extremities strains. Diagnoses include right shoulder sprain/strain with biceps rupture, status post multiple right shoulder surgeries with chronic right shoulder pain, cervical sprain/strain, and chronic pain syndrome with chronic opioid tolerance, and chronic reactive clinical depression secondary to chronic pain. His medications include Percocet, Naprosyn, Trazodone, and Zoloft. Treatment to date has included diagnostic studies, status post right shoulder arthroscopy revision subacromial decompression, revision acromioclavicular joint resection, bursectomy, debridement of torn type I labrum, open biceps tenodesis, physical therapy, and right suprascapular nerve block. A physician progress note dated 05/20/2015 documents the injured worker complains of chronic intractable right shoulder pain and pain over the right suprascapular region. There is posterior instability with labral tear. He continues to have constant, sharp, achy pain that limits all his daily activities. His medication helps him with the pain and keeps him functional. He rates his pain at about 5-6 out of 10 on a scale of 0 to 10. There is severe tenderness and hypersensitivity over the right upper trapezius region and right supraclavicular region down the scapular area. There is tenderness over the deltoid and posterior capsular region. There is limited range of motion of the right shoulder at 40-50% with severe muscle guarding. There is Popeye's deformity in the right bicep region. There is diminished sensation over the C4-C5 dermatomal distribution on the right side. The treatment plan includes

a refill for the Percocet and Anaprox, and a urine drug screen on his next visit. Treatment requested is for Evaluation to Functional Restoration program Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation to Functional Restoration program Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30-32.

Decision rationale: The claimant sustained a work injury in October 2007 and continues to be treated for chronic right shoulder pain. When seen, pain was rated at 5-6/10. He had been seen for a surgical evaluation and further testing had been recommended. Physical examination findings included decreased shoulder range of motion with muscle guarding with decreased strength and sensation. There was right biceps deformity. There was severe tenderness and hypersensitivity over the upper trapezius and supraclavicular regions. A functional restoration program can be recommended for selected patients with chronic disabling pain. Criteria include that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant is being evaluated for possible further surgical management. A functional restoration program is not appropriate at this time.