

Case Number:	CM15-0126398		
Date Assigned:	07/10/2015	Date of Injury:	07/29/2010
Decision Date:	08/06/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old male, who sustained an industrial injury on 7/29/10. The diagnoses have included cervical and lumbar strain/sprain, status post left carpal tunnel syndrome, left biceps tear with status post repair, right upper extremity pain, status post fall with multiple body parts injury, possible myofascial pain syndrome, left shoulder status post rotator cuff surgery and bilateral carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 6/9/15, the injured worker complains of continued pain and discomfort. The objective findings reveal slightly antalgic gait, cane used for balance and ambulation, left shoulder with tenderness to palpation and painful range of motion is noted. The left elbow has positive tenderness to palpation. There is positive Tinel's and Phalen's test on the left side. There is cervical paraspinal tenderness to palpation with myofascial tightness noted. There is painful cervical range of motion. The lumbar spine reveals tenderness to palpation and painful range of motion. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and Magnetic Resonance Imaging (MRI) of the left shoulder. The current medications included Tramadol and Mobic. The physician noted that given that the injured worker has chronic pain condition and has tried numerous treatments but none of the treatments have been helpful or only temporary results, and he is not a surgical candidate at this time, the physician requested treatment included Initial functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial functional restoration program evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 7 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence. Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach.

Decision rationale: This claimant was injured 5 years ago with a cervical and lumbar strain / sprain, status post left carpal tunnel syndrome, left biceps tear with status post repair, right upper extremity pain, status post fall with multiple body parts injury, possible myofascial pain syndrome, left shoulder status post rotator cuff surgery and bilateral carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. As of 6/9/15, the injured worker complains of continued pain and discomfort. He is not a surgical candidate. Baseline FCE is not noted. The MTUS notes that the longer a patient remains out of work the less likely he/she is to return and would not be a viable candidate for successful functional rehabilitation. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. It is not clear, given the failure of other forms of treatment and rehabilitation efforts, that this program would be clinically appropriate. Baseline FCE is not noted to document functional deficits, and the need for a rehabilitation program. The request is not medically necessary.