

Case Number:	CM15-0171863		
Date Assigned:	09/14/2015	Date of Injury:	12/03/2012
Decision Date:	10/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

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 an 82 year old male, who sustained an industrial-work injury on 12-3-12. A review of the medical records indicates that the injured worker is undergoing treatment for status post right and left rotator cuff repair, capsulitis left upper extremity, marked weakness of the left upper extremity, sleep disorder, post-traumatic stress disorder, history of hypertension and depression. Medical records dated 8-10-15 indicate that the injured worker complains of pain in the left shoulder and reports that the physical therapy sessions have worsened his condition and medications to have no change in his condition. The injured worker also was seen by behavioral medicine, which recommended re-assessment in 6 months to evaluate progress, and he was given walking and functional goals to work on each week as he reported walking less and needing to use the left upper extremity more. The injured worker was also seen by physical therapy following discharge from the Functional Restoration Program in December 2014. It was indicated by the physical therapy re-assessment dated 8-10-15 that the injured worker had a moderate loss of functional independence resulting from his chronic pain and an in office interdisciplinary re-assessment was recommended in 6 month to determine appropriate recommendations. The medical records also indicate worsening of the activities of daily living. The physical exam dated 8-10-15 from reveals the right upper extremity is normal range of motion. Apley's scratch test on the left is to L2 and the right is at T10. There is little movement on the left arm. The injured worker is putting his hand in his pocket, but there is more movement in his arm than he had on his initial evaluation and significantly improved after he finished the Functional Restoration Program. The physician recommended for him to obtain a primary

physician and maintain home exercise program (HEP) and walking. Treatment to date has included pain medication, hot and cold packs, sling, injections, diagnostics, surgery left shoulder 2013, surgery right shoulder 2012, physical therapy, occupational therapy, Functional Restoration Program and home exercise program (HEP). The original Utilization review dated 8-27-15 non-certified, a request for Interdisciplinary reassessment to left shoulder consisting of physician, psychologist, and physical therapy, medical conference and report preparation 4 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation for left shoulder (consisting of physician, psychologist, and physical therapy and medical conference): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 56.

Decision rationale: According to the guidelines, functional improvement measures to assess the improvement in function and course of treatment is recommended. The claimant had undergone FRP, PT, OT and medication intervention. The request was to ensure that intervention does not lead to any regressions. The request for a reassessment is appropriate and medically necessary.