

Case Number:	CM15-0179464		
Date Assigned:	09/21/2015	Date of Injury:	01/28/2014
Decision Date:	10/26/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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: Emergency 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 66 year old female, who sustained an industrial injury on 1-28-2014. Medical records indicate the worker is undergoing treatment for impingement syndrome. A progress note from 5-26-2015 reported the injured worker complained of pain and discomfort in her right shoulder. Objective findings include good strength and full motion. A recent progress report dated 7-9-2015, reported the injured worker complained of bilateral shoulder discomfort. Physical examination revealed 130 degrees of flexion and abduction, moderated tenderness and cuff strength of 4 to 4+-5. Treatment to date has included physical therapy and medication management. The physician is requesting HELP evaluation (full day-one time) for the right shoulder. On 8-26-2015, the Utilization Review noncertified the request for a HELP evaluation (full day-one time) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP evaluation (full day-one time) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: As per MTUS Chronic pain guidelines, certain criteria should be met before recommendation to a program. It requires: 1) A functional baseline testing to measure baseline improvement. To be done. 2) Failure of prior chronic pain treatment. Fails criteria. There is no proper documentation of prior chronic management plan or conservative therapy attempted prior to FRP request. Patient has ongoing successful physical therapy noted. 3) Loss of function due to pain. Fails criteria. While there is some loss of function from shoulder pain, patient is still able to function well as per progress notes. 4) Not a candidate for surgery. Meets criteria. 5) Motivation to change. Fails criteria. Nothing is documented on record concerning assessment of this criteria. 6) Negative predictors for success have been addressed. Fails criteria. Nothing is documented on record concerning assessment of these criteria. Patient has yet to fail conservative therapy and multiple components needed for approval is not documentation. Functional Restoration Program is not medically necessary.