

Case Number:	CM15-0075484		
Date Assigned:	04/27/2015	Date of Injury:	03/08/2012
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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 61 year old male who sustained a work related injury March 8, 2012. While working as a janitor, he felt a pop and burning pain in his right shoulder. Past history included a right shoulder arthroscopy, August, 2013. According to a treating physician's progress report, dated March 19, 2015, the injured worker presented with right shoulder pain, rated 5/10 with medication, and 7/10 without medication. There is no change in the location of the pain and quality of his sleep is reported as good. Inspection of the right shoulder reveals a surgical scar, restricted movements with flexion limited to 150 degrees by pain and abduction limited to 140 degrees by pain. Extension, internal and external rotation are all noted normal. Shoulder crossover test and Empty Cans test are positive and tenderness on palpation noted in the biceps groove. Diagnosis is documented as shoulder pain. Treatment plan included continue Cymbalta for pain control and request for authorization for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 33, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

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 have been addressed. Within the medical information available for review, there is a multidisciplinary evaluation identifying that the criteria above have been met. The patient has significant functional deficits despite extensive treatment including surgery, with no additional surgery or other treatment options recommended. In light of the above, the currently requested functional restoration program is medically necessary.