

Case Number:	CM15-0075691		
Date Assigned:	04/27/2015	Date of Injury:	01/11/2013
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 37 year old female injured worker suffered an industrial injury on 01/11/2013. The diagnoses included right and left carpal tunnel syndrome and right shoulder pain. The diagnostics included electromyographic studies /nerve conduction velocity studies and magnetic resonance imaging. The injured worker had been treated with medications. On 3/24/2015 the treating provider reported her pain was worse 6 to 7/10. She reported difficulty grasping and gripping things. The treatment plan included Functional Restoration Program Initial Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Initial Evaluation QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-33.

Decision rationale: The patient was injured on 01/11/13 and presents with right shoulder pain. The request is for a FUNCTIONAL RESTORATION PROGRAM INITIAL EVALUATION

QTY 1. The utilization review denial letter did not provide a rationale. The RFA is dated 03/24/15 and the patient is on modified work duty with limited lifting, pulling, and pushing. MTUS guidelines p 30 states that functional restoration programs are recommended if the patient is motivated to improve and return to work and meet the patient selection criteria. In this case, the reason for the request is not provided. The patient has a positive Grind test of the right shoulder and is diagnosed with right and left carpal tunnel syndrome and right shoulder pain. Given the patient's chronic right shoulder pain lasting more than 2 years and lack of progress with conservative care, a functional restoration program may be an option. An evaluation to determine the patient's candidacy IS medically necessary.