

Case Number:	CM15-0094962		
Date Assigned:	05/22/2015	Date of Injury:	11/03/2013
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

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 46-year-old female, who sustained an industrial injury on 11/3/13. She reported initial complaints of right shoulder, right knee and low back. The injured worker was diagnosed as having status post right rotator cuff surgery; right rotator cuff syndrome bursitis; adhesive capsulitis; bicipital tenosynovitis; thoracic outlet syndrome due to compression along cervical paraspinal muscles/sternoclavicular area. Treatment to date has included physical therapy; acupuncture; status post right shoulder arthroscopy with subacromial decompression (9/10/14); right shoulder injections; medications. Diagnostics included MRI right shoulder (12/27/13 and (12/8/14); MR Arthrogram right shoulder (12/9/14); MRI cervical spine (2/25/14); EMG/NCV upper extremities (4/9/14); X-ray right shoulder (1/21/15). Currently, the PR-2 notes dated 2/19/15 indicated the injured worker complains of right shoulder pain. She has an ongoing problem going into the right biceps area. She describes an achy, radiating, sharp pain that is a 7/10. It is aggravated by carrying, driving, pushing, and pulling with numbness and tingling in her arm. It has affected her self-care and reaching tolerance. The current medications prescribed are Biofreeze gel and Cyclobenzaprine. She is a status post right shoulder arthroscopy with subacromial decompression of 9/10/14. She has had MRI's and EMG/NCV of the upper extremity. She has also has a MR Arthrogram right shoulder dated 12/9/14 notes impression of marked glenohumeral capsulitis; worn appearance of labrum and moderate cuff tendinopathy. Objective findings are documented as tenderness along the biceps tendon and AC joint. Her active range of motion for the shoulders notes abduction and forward flexion are 100 degrees on the right and 170 degrees on the left. The cervical spine notes Adson's test is positive bilaterally.

The shoulder instability notes positive apprehension test on the right as well as a positive Speed test on the right. She has begun to favor her left shoulder, which has led to a strain of the left shoulder and has changed the way she is functioning throughout the day. The provider treatment plan is to increase her personal strength and awareness to deal with pain. He has requested a Functional Restoration Program (days) QTY #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (days) QTY #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Evaluation of Psychosocial factors Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in November 2013 and is being treated for right shoulder pain. She underwent a subacromial decompression in September 2014. When seen, she was having ongoing right shoulder and biceps pain. Pain was rated at 7/10. She was having difficulty with activities of daily living as well as with pushing, pulling, and reaching tolerances. Physical examination findings included biceps and acromioclavicular joint tenderness. There was decreased shoulder strength with positive apprehension, impingement, and Speed testing. Adson's testing was positive bilaterally. A psychological evaluation was done and she was felt to be an appropriate candidate for a functional restoration program. A functional restoration program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. In this case, the claimant has not undergone an appropriate evaluation for participation in a functional restoration program including baseline testing. The request is not medically necessary.