

Case Number:	CM15-0096659		
Date Assigned:	05/27/2015	Date of Injury:	05/08/2014
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 42 year old female, who sustained an industrial injury on 05/08/2014. She has reported injury to the right shoulder. The diagnoses have included rotator cuff injury; rotator cuff syndrome; myofascial pain syndrome; subacromial bursitis; and right shoulder partial thickness rotator cuff tendon tear, status post arthroscopic subacromial decompression and rotator cuff repair on 10/24/2014. Treatment to date has included medications, diagnostics, sling, injection, physical therapy, and surgical intervention. Medications have included Advil and Baclofen. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe pain and spasms of the right shoulder, occasionally incapacitating; pain is currently rated at 8 on a scale from 1 to 10; the right shoulder pain is present most of the time; aching, stabbing, and burning behind the arm; pain in the neck and upper back; pain in the left shoulder; and pain in the left elbow. Objective findings included appears to be depressed, fatigued, and tearful; cervical paravertebral muscles with spasm, tenderness, and trigger point noted on both the sides; Spurling's maneuver, on the right causes pain in the neck muscles; right shoulder range of motion is painful and restricted; Hawkins, Neer, shoulder crossover, Jobes's, and Speeds tests are all positive; and tenderness to palpation is noted in the biceps groove, periscapular muscles, rhomboids, subdeltoid bursa, and trapezius. The treatment plan has included the request for functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

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

Decision rationale: The claimant sustained a work injury and May 2014. She underwent an arthroscopic rotator cuff decompression and repair in October 2014 and had postoperative physical therapy with reported improvement. She continues to be treated for right shoulder pain. When seen, she was having severe right shoulder pain and spasms. She was having difficulty with activities of daily living. Physical examination findings included decreased right shoulder range of motion and positive impingement testing. Diagnoses included subacromial bursitis and rotator cuff injury. She has not returned to work. A functional restoration program can be recommended for selected patients with chronic disabling pain. In this case, the claimant has ongoing pain after shoulder surgery. Whether there is any further treatment that could be effective for her is unknown and she is not considered at maximum medical improvement in terms of the treatments provided. Therefore, an evaluation for a functional restoration program is not medically necessary at this time.