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**Notice of Independent Medical Review Determination**

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/12/2013  
Date of Injury: 5/9/2011  
IMR Application Received: 7/19/2013  
MAXIMUS Case Number: CM13-0002073

- 1) MAXIMUS Federal Services, Inc. has determined the request for a functional restoration program to the left shoulder for six sessions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a functional restoration program to the left shoulder for six sessions **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 12, 2013.

“Mr. [REDACTED] is a 58 year is an ambidextrous man with no significant past medical history who sustained a prior injury to the left shoulder in 2004. After his injury in 2004 after a fall he eventually did require left shoulder surgery. In 2004 with significant improvement in symptoms after postoperative physical therapy. He was able to return to work full-time without the need for work restrictions. He has been employed by [REDACTED] for approximately 12 years as a janitor. He re-injured the left shoulder on 5/09/11 performing his usual and customary work as a janitor for [REDACTED]. On 5/09/11 he was lifting a heavy load overhead and felt increasing pain in his left shoulder. He was provided conservative treatment including physical therapy without any significant improvements in symptoms. He was given anti-inflammatory medications, and MRI of the left shoulder was recommended. There was suggestion of possible acromioclavicular arthritis and possible rotator cuff abnormality, and he was subsequently referred to Dr. [REDACTED] for orthopedic consultation. acromioclavicular injection was performed which provided only temporary benefits. He was able to eventually be released to full duties but continued to have significant painful symptoms in the left shoulder, and thus was considered a candidate for left shoulder arthroscopic surgery which was performed on 8/07/11 by Dr. [REDACTED], this surgery did require an open Mumford procedure with distal clavicle resection. He did report only slight improvement in pain in his left shoulder and some improvement in range of motion with physical therapy. He was taken *off* work following left shoulder surgery, but he was eventually able to return to work in February 2013. 1 month after return to work he sustained a motor vehicle accident in May 2012 on a non-industrial basis, he was the driver and was wearing a seat belt when his car was struck sustaining injury to both knees with contusions CIS well as some significant pain in his right shoulder, It did take some time for him to recover from the non-industrial motor vehicle accident and did return

back to work at the end of December 2012. Since that time, he has CIS been able to return to work without work restrictions although he continues to have limitation of usage with the left shoulder. He previously was working for janitorial services within [REDACTED] which did require him to perform heavy lifting of linens and dean the [REDACTED]. Since his injury, he was changed to working in the [REDACTED] with primarily lighter work as he only needed to dean office trash without heavy lifting or bending required. At the current time he is working full time 40 hours per week but continues to have some difficulties with left shoulder CIN despite undergoing surgical treatment on an industrial basis. At the present time, he continues to have ongoing chronic left shoulder pain primarily at the anterior and superior aspects, his left shoulder pain is rated 6-8/10 on VAS on average, but he tries to avoid pain medications if possible. He has difficulties lifting his left arm above left shoulder height as well as with pushing and pulling activities, he has difficulties reaching behind his back with the left upper extremity. He reports ongoing right shoulder pain following the non-Industrial motor vehicle accident, as well as both knees worse on the right than left. Despite the painful symptoms, he ambulates without a cane or limping. Despite treatments to date, Mr. [REDACTED] remains in constant pain, and he is becoming increasingly frustrated and worried regarding his lack of functional improvements or improvements in pain management skills. He reports that he is very interested in learning nonpharmacological techniques to improve his functional abilities, pain management skills, and coping abilities regarding his pain disorder so he can more fully and successfully engage with work, family, community, and life more generally.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/19/2013)
- Utilization Review Determination from [REDACTED] (dated 7/12/2013)
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule

### **1) Regarding the request for a functional restoration program to the left shoulder for six sessions:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Functional Restoration Programs section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 5/9/2011 and has experienced shoulder joint pain and psychological pain disorder. Treatment has included imaging, medications, surgery, physical therapy (without significant improvement shown), and 6 weeks of a prior functional restoration program that began on 5/20/2013. A request was submitted for a functional restoration program to the left shoulder for six sessions.

The MTUS Chronic Pain Medical Treatment Guidelines recommend the total treatment duration for functional restoration programs should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The records submitted and reviewed do not document that the employee made significant progress and reasonable goals to be achieved during the extended sessions were not mentioned. The request is for tapering off of the treatments and for continued monitoring and providing support for compliance/goal achievement. However, the guidelines do not support the effectiveness of this type of program. The request for a functional restoration program to the left shoulder for six sessions **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
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