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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2392
[redacted]

Dated: 12/23/2013

IMR Case Number:	CM13-0021646	**Date of Injury:**	11/29/2011
Claims Number:	[redacted]	**UR Denial Date:**	08/25/2013
Priority:	STANDARD	**Application Received:**	09/09/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
99799			

DEAR [redacted] ,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year-old female with injury from 11/29/11 to left wrist, hand and shoulder. MRI of left shoulder from 1/9/12 showed mild tendinosis of the rotator cuffs. MRI Cpspine from 8/22/12 showed disc height loss at C5-6, multi level bulging discs measuring 1.7 mm to 3.9, most prominent at C5-6. Functional Restoration Program (FRP) was requested per treater's 8/2/13 which was denied by UR for lack of information with no discussion of what care has been provided or the results of the care, any surgical intervention, negative predictors, discussion regarding the patient's motivation level, etc.

The patient was evaluated for panel QME on 6/28/13 with major complaints of shoulder pain and some neck pain. The patient was noted to have received 24 sessions of PT and some chiropractic care without lasting improvement. Examination showed some 3-4/5 manual strength testing weakness of the left arm. For medical treatments, cortisone injections, left shoulder MUA, possible gym membership.

A 9/13/13 note by the treater(chiro) has the patient with pain, 5-6/10 intensity in shoulder and neck and still recommending FRP for pain. The request is with functional restoration program with [redacted]. A similar request is also dated 8/2/13, 6/19/13 (on this date, pain level is at 2-3/10). A 3/29/13 special report by Dr. [redacted] (DC) reviews the entire medical reports and recommends additional PT 3x8 as per panel QME report from 2/15/13, also pain management specialist for medications, evaluation for anxiety and depression, MRI and ortho evaluation for right shoulder. The patient was evaluated by Dr. [redacted], an orthopedist on 4/16/13 who recommended Naproxen, terocin for pain, complete therapy and progress to HEP and if stable release from ortho care. On 4/3/13, Dr. [redacted] felt that the patient was doing better w

ith left shoulder decreased down to 1/10, making progress with therapy and home exercise program (HEP).

IMR DECISION(S) AND RATIONALE(S)

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

1. Functional Restoration Program is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 30-32, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic pain programs, pages 30-33 and Functional restoration programs (FRPs), page 49, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The treating provider's general request for functional restoration program (FDP) cannot be processed due to lack of clarity. The request does not specify whether or not this is for a consultation, or evaluation and/or the program in its entirely. The scope of intensity and duration must be specified and additional information provided for consideration FRP. The MTUS requires that the patient must be motivated to return to work and must meet a certain criteria. Despite the Utilization Reviewer's request for such information none has been provided. As it is requested, I am not able to provide an authorization due to lack of clarification of the request and lack of necessary information regarding the patient's motivation and the duration and frequency of the treatment program.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[redacted]

CM13-0021646