

Case Number:	CM14-0027679		
Date Assigned:	06/23/2014	Date of Injury:	09/12/2012
Decision Date:	08/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/04/2014

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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 25 year old female who reported an injury on 09/12/2012. She was reaching up to grab a box when the box fell on her, pulling her right arm and shoulder towards the ground. On 01/10/2014, the injured worker presented with pain in the upper shoulder and trapezius area. Diagnoses were right cervical and parascapular strain, rule out upper plexus traction injury, rule out AC joint sprain, and rule out rotator cuff labral injury. Prior therapy included psychology, medications, and physical therapy. The provider recommended a functional restoration program 5 times a week for 6 weeks. The provider's rationale was to provide the injured worker with extensive education, instruction, and guidance to allow her to meet her goal of returning to work. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 5 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The ACOEM Guidelines state if an early return to work has been initiated and the return to work process is working well, the likelihood of debilitation should be limited. If, however, there is a delay in return to work or there is a prolonged period of inactivity, a program of functional restoration can be considered. Such a program could include components of aerobic conditioning as well as strength and flexibility assessment when necessary. Pre-injury and post-injury strength and endurance may be limited and may be less than the job requires. If this is the case, the likelihood of re-injury or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to the injured worker's abilities or consider alternative placement. There was a lack of a measurable baseline as to ways to measure the efficacy of the functional restoration program. Additionally, an adequate and complete examination of the injured worker was not provided detailing her deficits. As such, the request is not medically necessary and appropriate.