

<b>Case Number:</b>	CM13-0007085		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Anesthesiology, 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. 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:

This is a 49 year old male patient with a stated date of injury of 01/03/2011. The diagnosis is Pain in Joint Shoulder, Pain Psychogenic, NEC. The treatment request is for Northern California Functional Restoration Program (NCFRP) X 6 sessions of Aftercare - R shoulder. Pertinent past surgical history includes right shoulder arthroscopic revision, subacromial decompression, extensive scar debridement, manipulation and injection of corticosteroid on 6/28/13. The patient is noted to have successfully completed The Functional Restoration Program (FRP) on 06/28/13. The patient is noted to have 4+/5 right shoulder flexion strength and 5/5 right shoulder abduction strength. The patient was discharged to a home exercise program, which he was unable to complete due to finding a job and returning to work. In addition, the patient is noted to have improvements in both psychological and behavioral functional capacity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Northern California Functional Restoration Program (NCFRP) x 6 sessions of Aftercare - right shoulder:** 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 Functional Restoration Programs Page(s): 30-31, 34 and 49..

**Decision rationale:** This employee has already successfully completed a Functional Restoration Program (FRP) with a notable improvement in functional capacity. According to California MTUS Guidelines for FRP's there is an emphasis on "function over elimination of pain." According to the medical record this employee has experienced an improvement in his ability to cope with chronic pain along with notable progress in both additional behavioral and functional abilities. This demonstrates progress toward independent self-management, which is "the long term goal of all forms of functional restoration" according to California MTUS Guidelines. The employee has also returned to work. In addition, there is no information addressing the specific reason or reasons for the aftercare program. There is no indication of the specific deficit to be treated. The criteria and goals for the FRP aftercare program are not specifically or clearly delineated in the medical records. There is no information provided regarding why the aftercare program should be utilized instead of independent care. The California MTUS Guidelines recommend no more than 20 days for the total treatment duration. If there is need for prolonged treatment duration, in excess of 20 sessions then there also needs to be a clear rationale for the extension, including goals to be achieved. There is no documented evidence of rationale for extension of treatment or goals to be achieved. According to California MTUS Guidelines, "research is ongoing as to what is considered the 'gold-standard' content for treatment; the ideal timing of when to initiate treatment; and cost-effectiveness." In addition California MTUS Guidelines indicate, "There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes." Therefore, the above listed issue is not considered medically necessary.