

<b>Case Number:</b>	CM13-0017156		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 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.

### 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 IMR application shows the patient was injured on 12/11/04 and is disputing the 8/19/13 UR decision. The 8/19/13 UR decision is from [REDACTED], and is denying continued outpatient FRP x12 sessions, based on the 8/12/13 RFA and 8/1/13 medical report from [REDACTED]. I am provided with 363 pages of medical records for this IMR, but there does not appear to be any medical reports from [REDACTED] from August 2013. The most recent report is the UR denial letter from 8/19/13. This records indicate this is a 37 year-old security guard with a 12/11/04 industrial injury to the shoulder from opening a gate. She underwent right shoulder decompression surgery and has had 26 sessions of a functional restoration program (FRP). There was no change in the medication usage, which is MS Contin 15mg bid and Norco 10mg tid, but sitting tolerance was 20 mins on 8/28/12, the physical therapist was not able to test standing or walking which increased to 60 mins by 4/8/13 and remained there at 5/20/13. Walking was not measured until 5/20/13 at 200 ft. Standing was not measured until 4/8/13 where it was 5 mins, then on 5/20/13 was 10 mins with rocking movement

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuation of the functional restoration program for 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

**Decision rationale:** MTUS provides clear criteria for the functional restoration programs. The request does not appear to be in accordance with MTUS guidelines. There was no decrease in dependency of continued medical treatment to meet the MTUS definition of functional improvement. The patient's use of MS Contin and Norco remained the same as before she started the program. The baseline functional testing on 8/28/12 was not adequate or thorough, stating many of the items were not tested. There was no discussion of negative predictors of success. MTUS states: Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. And Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. There was no discussion of part-time work, transportation, childcare or comorbidities. The patient has exceeded the 2-week limitation on showing functional improvement, and the request for 12 additional sessions will exceed the total treatment duration of 20 sessions. The patient reported starting the FRP previously, but then suffered a rib cage injury and took time out from the program. The AME stated in order to continue the FRP, it was imperative that the patient's progress be documented. The AME's requirement has not been met. The request for continuation of the functional restoration program for 12 sessions is not medically necessary and appropriate.