

<b>Case Number:</b>	CM13-0020493		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 40 years old female with date of injury 12/17/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of left shoulder pain and neck pain since the date of injury. She has been treated with physical therapy, steroid injection, TENS unit and medications. MRI of the left shoulder performed in 08/2013 revealed moderate rotator cuff tendinopathy, fraying of the posterior superior labrum, glenohumeral capsulitis and AC joint degeneration. Objective: left shoulder: full range of motion, tenderness to palpation along rotator cuff and weakness to resisted flexion. Diagnoses: impingement syndrome, discogenic cervical disease. Treatment plan and request: functional restoration program (FRP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 31-33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 31-32.

**Decision rationale:** This 40 year old female has complained of left shoulder pain and neck pain since date of injury 12/17/2011. She has been treated with physical therapy, steroid injection,

TENS unit and medications. The current request is for a functional restoration program. Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines. On the basis of this lack of documentation, a FRP is not indicated as medically necessary.