

<b>Case Number:</b>	CM13-0025020		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Occupational Medicine, 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 female with date of injury of 9/23/10. Per the functional restoration program physician progress report from week #2 dated 7/11/13, the injured worker is doing well in the program. She has been able to sleep slightly better. She feels significant improvements in psychological outlook, and decrease in social isolation since beginning the program, and she is overall better able to manage her pain without pain medications. She has completely discontinued her usage of pain medications and is trying to manage her pain through cognitive behavioral techniques. She previously was using Ultracet and Buprenorphine and this was discontinued secondary to increases in liver function testing identified by her primary care physician. On exam, her mood is positive. There is no evidence of sedation. There is tenderness to palpation over the right posterior cervical paraspinal muscles and over the right trapezius. She has limitation in range of motion of the cervical spine. She has limitation in range of motion of the right shoulder on both abduction and flexion which was limited to approximately 110 degrees. Gait is grossly non-antalgic. Diagnoses include chronic right shoulder pain status post right shoulder arthroscopic supraspinatus tendon repair on 9/26/11, reactive depression/anxiety, pain related insomnia, and myofascial pain in the right side of the neck and upper back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**Decision rationale:** It is noted that the injured worker had a functional restoration program evaluation on 5/7/13. She was determined from that evaluation that she is a good candidate for interdisciplinary functionally-based treatment for a 30 days (5 days per week for six weeks). This was requested following the initial consultation with the pain specialist on 3/25/13. The request for a functional restoration program evaluation was approved on 4/5/13, single visit, for a period of one year. On 6/19/13, 10 days were certified for the functional restoration program. The request under review is for another 20 days of the functional restoration. The MTUS Guidelines recommend the use of functional restoration programs for patients with disabling occupational musculoskeletal disorders. Despite the claims administrator's opinion that there was no discussion of efficacy and no new hard clinical indications to support the additional 20 days, in this review it is evident that the injured worker is making progress. She is not taking pain medications, has measurable functional improvements, and is motivated to continue with the program. As such, the request is medically necessary.