

Case Number:	CM13-0056279		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2011
Decision Date:	04/01/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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. 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 58-year-old male who sustained an injury on 11/29/2011 of an unspecified nature. The patient was seen for complaints for right shoulder pain. The documentation submitted for review indicated the patient underwent evaluation for a functional restoration program on 10/31/2013. The patient was evaluated on 12/12/2013 for his right shoulder. The patient had complaints of pain level 5/10 to 6/10 on the visual analog scale. The documentation submitted for review indicated the patient did not utilize medications very much as he did not want to become dependent. The patient indicated he wanted to be back at work at full duty and felt he could generally tolerate it.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ functional restoration program for 160 hours at \$225 per hour:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Page(s): 30-31.

Decision rationale: The request for [REDACTED] Functional Restoration Program 160 hours at \$225 an hour is non-certified. The California MTUS Guidelines recommend the use of a functional restoration program for patients who have a significant loss of ability to function independently, resulting from their chronic pain. The documentation submitted for review did not indicate the patient had a loss of ability to function independently. The guidelines further state the patient must exhibit a motivation to change and is willing to forego secondary gains, including disability payments to affect this change. The documentation submitted for review indicated the patient wanted to remain at work. There was no indication the patient was willing to forego secondary gains to participate in the program. The guidelines additionally state previous methods of treating chronic pain must have been unsuccessful and there must be an absence of options likely to result in significant clinical improvement. The documentation submitted for review indicated the patient noted clinical improvement with PT and his previous surgery. Therefore, as the patient noted that he did not want to participate in a functional program, and the patient was responsive to previous treatment, the request for a functional restoration program is not supported. Given the information submitted for review, the request for [REDACTED] Functional Restoration Program 160 hours at \$225 an hour is non-certified.