

<b>Case Number:</b>	CM13-0056478		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 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 an employee of [REDACTED] and has submitted a claim for right shoulder rotator cuff repair status post surgery associated with an industrial injury date of 11/16/11. Treatment to date has included right shoulder arthroscopic rotator cuff repair, distal clavicle excision, and biceps tenotomy with subacromial decompression on 4/4/12; right shoulder rotator cuff repair revision on 12/27/12; completion of 160 hours in a functional restoration program completion; and unspecified medications. Medical records from 2013 were reviewed, showing that patient complained of right shoulder and proximal arm pain that was constant but variable in intensity from 2-6/10. This was associated with weakness and cramping sensation in the area of biceps. He had difficulty in throwing, reaching to chest level, and reaching overhead with the right arm. He was independent in self-care activities, though with discomfort. The pain interfered with his ability to travel, cook, shop, socialize, and complete housework. Physical examination showed asymmetrical contour of the shoulders with palpable absence of the right distal clavicle with the classic Popeye biceps appearance. There was tenderness at the distal clavicle, supraspinatus tendon, and bicipital tendon. There was left shoulder tenderness at the hypertrophied acromioclavicular joint with pain on acromioclavicular joint stress testing. Impingement testing was positive on the right, and equivocal on the left. Range of motion of right shoulder was limited towards flexion at 170 degrees, abduction at 160 degrees, and extension at 40 degrees. Hypoactive reflexes were noted at the biceps and triceps level. Sensation was intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF AFTER-CARE AT THE [REDACTED] FUNCTIONAL RESTORATION PROGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, the total treatment duration of a functional restoration program (FRP) should generally not exceed 20 full-day sessions. Treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, patient had completed 160 hours of a functional restoration program. The report states that he is able to cope with and manage the pain and the comorbid psychological distress with 75% deduction in the symptoms of anxiety and depression and increase in exercise tolerance after the program. Medical records submitted and reviewed do not provide indication of additional hours of FRP. The medical necessity has not been established per the guideline recommendations stated above. Therefore, the request is not medically necessary.