

<b>Case Number:</b>	CM13-0056772		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/29/2008
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	10/23/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 34 year old female who reported an injury on 05/29/2008, after she experienced a sudden onset of pain after reaching into a drawer. The patient's treatment history included shoulder surgery, carpal tunnel release, epidural steroid injections, acupuncture, physical therapy, and medications. The patient was evaluated for a functional restoration program that documented the patient was a candidate for a chronic pain management program, as they had exhausted all other types of chronic pain treatments, had a significant loss in the ability to function, was not a surgical candidate, and had exhibited a motivation to change. Treatment recommendation was made for 160 hours of a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FRP program of 160 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested functional restoration program of 160 hours is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a trial

of 80 hours for 2 weeks for appropriate candidate of a functional restoration program. California Medical Treatment Utilization Schedule recommends patients are appropriate candidate for functional restoration programs when they have evidence of chronic pain that has failed all other chronic pain management treatment modalities, are not surgical candidates, are motivated to change and participate in a functional restoration program. The clinical documentation does support that the patient meets this criteria. However, as a trial of 80 hours for 2 weeks is recommended by the guideline, and the requested 160 hours exceeds this recommendation, the request would not be medically appropriate. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested functional restoration program of 160 hours is not medically necessary or appropriate.