

<b>Case Number:</b>	CM13-0062401		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 08/23/2002. The mechanism of injury was not specifically stated. The patient is diagnosed with rotator cuff syndrome, bursitis, bicipital tenosynovitis, and brachial plexus injury. The patient was seen by [REDACTED] on 09/17/2013. The patient reported ongoing left shoulder pain. Physical examination revealed tenderness to palpation, limited range of motion, slightly diminished strength, and paresthesia to light touch noted in the right hand. Treatment recommendations included an EMG to evaluate for a plexopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Foundation Chapters: Chapter 6 Independent Medical Examinations and Consultations, 2011; ACOEM online, Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders; and ACOEM online Hand and Wrist; Table 2, Summary of Recommendations, Hand and

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. As per the documentation submitted, the patient's injury was greater than 11 years ago to date. The patient has reported improvement with acupuncture treatment as well as physical therapy. The patient has also reported 40% to 60% improvement with medications and TENS therapy. Therefore, there is no documentation of a failure to respond to previous methods of treating chronic pain with an absence of other options that are likely to result in clinical information. It is also noted that the requesting provider recommended an electrodiagnostic study of the upper extremities. The outcome of the electrodiagnostic study is recommended prior to consideration for a functional restoration program, as the results may impact the patient's future plan of care. Based on the clinical information received, the request for FUNCTIONAL RESTORATION PROGRAM EVALUATION is non certified.