

<b>Case Number:</b>	CM13-0070060		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/12/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Orthopedic Surgery 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 a 54 year old female with industrial injury 2/12/10. Diagnosis consist of right shoulder rotator cuff tear. Status post right shoulder rotator cuff repair on 11/4/10. Exam note 11/8/13 demonstrates report of bilateral shoulder pain. Exam demonstrates decreased strength and range of motion in the shoulder. Request is for functional restoration program for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL RESTORATION PROGRAM (FRP) FOR 2 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31,49.

**Decision rationale:** The California MTUS/ACOEM Guidelines states that there is little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain. Therefore, the request for a functional restoration program (FRP) for two weeks is not medically necessary and appropriate.