

<b>Case Number:</b>	CM14-0000445		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 injured worker is a 43-year-old female with a reported date of injury on 01/10/2011 and 03/08/2011. The injury reportedly occurred when the injured worker's arm was pulled back as she was holding a boy's hand while trying to run away. Her diagnoses were noted to include chronic pain syndrome with depressive symptoms, left shoulder pain with documented tendinosis and humeral cyst, lumbar strain injury with unverifiable left lower extremity radicular symptoms and left knee strain with continuing pain. Her previous treatments were noted to include physical therapy, medications, and the [REDACTED] Program. The physical therapy evaluation note dated 11/08/2013 with the [REDACTED] revealed the injured worker complained of pain located to her back, neck and left upper extremity. The injured worker revealed tenderness along the lumbar paraspinals and around the supraspinatus insertion and deltoid of the left shoulder. She described the pain as constant and rated it 8/10. The injured worker required assistance for performance of ADLs such as grocery shopping, transfers in and out of the tub and occasionally needed assistance with dressing and bathing. She avoided the use of her left arm such mopping, sweeping and making the bed. The physical therapy evaluation noted range of motion to the lumbar spine was decreased, as well as strength. The upper extremities were also decreased in the range of motion and strength. The progress note from the [REDACTED] dated 05/05/2014 revealed the injured worker described the pain as some good days and some bad days. The provider indicated overall the injured worker did not feel emotionally and physically ready to return to work. The progress note dated 03/14/2014 revealed increased functional improvement, a walking tolerance of 30 minutes, sitting tolerance of 55 minutes, combined lifting/carrying tolerance of 13 pounds, pushing/pulling tolerance of 20 pounds, and grip strength tolerance of 35 pounds in the right hand and 18 pounds in the left hand. The progress note dated 05/05/2014 revealed the injured worker transitioned from the [REDACTED] Program on 03/14/2014 with

recommendations for continued medications and durable medical equipment to support her independent exercise regimen. The Request for Authorization form was not submitted within the medical records. The request was for a [REDACTED] Program times 12 sessions during the initial 3 weeks of the program; however, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **[REDACTED] PROGRAM TIMES TWELVE (12) SESSIONS DURING THE INITIAL THREE (3) WEEKS OF THE PROGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, page 49 Page(s): 49.

**Decision rationale:** The injured worker has participated in the [REDACTED] Program previously. The California Chronic Pain Medical Treatment Guidelines recommend Functional Restoration Programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional Restoration Programs, a type of treatment included in the category of interdisciplinary pain programs, were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate complements of exercise progression with disability management and psychosocial intervention. Long term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker participated in the [REDACTED] Program from 11/2013 to 06/2014 with little improvement noted. There is a lack of documentation from the provider with clinical findings to warrant the [REDACTED] program and there is a lack of subjective and objective gains from the [REDACTED] program to warrant longer care. Therefore, the request is not medically necessary.