

<b>Case Number:</b>	CM14-0001190		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/16/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 patient is an employee of [REDACTED] and has submitted a claim for bilateral shoulder and neck pain associated with an industrial injury date of September 16, 2009. The treatment to date has included medications, physical therapy, home exercise program, right shoulder injection, and three right shoulder arthroscopic surgeries. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of throbbing right shoulder pain occasionally radiating to the right elbow. He also complained of intermittent right-sided neck pain with occasional left shoulder and upper arm pain. On physical examination, the patient was overweight. There were well-healed arthroscopic surgical scars around the right shoulder. There was mild decreased sensation in the right 5th digit. There was significant limitation in range of motion of the right shoulder. Tenderness of the neck muscles on the right was also noted. In a utilization review from January 2, 2014 denied the request for initial evaluation at the [REDACTED] Functional Restoration Program QTY: 1.00 because there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain as opposed to low back pain and generalized pain syndromes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL EVALUATION AT THE [REDACTED] FUNCTIONAL RESTORATION PROGRAM QTY:1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , Page(s): 31-32.

**Decision rationale:** According to pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, in an appeal dated January 20, 2014, it was stated that the patient has exhausted conservative and surgical management and he exhibited motivation to improve and he did not have negative predictors of success. However, the medical records did not provide an adequate and thorough evaluation and baseline functional testing was also not performed. Moreover, the medical records failed to show significant loss of the patient's ability to function independently. Guidelines state that all criteria must be met in order to consider functional restoration program participation as medically necessary. The criteria were not met; therefore, the request for initial evaluation at the [REDACTED] functional restoration program QTY:1.00 is not medically necessary.