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| <b>Case Number:</b>   | CM14-0105615 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 06/17/2010 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 07/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2014 |

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 06/17/2010. The mechanism of injury was not provided. On 06/30/2014, the injured worker presented with left shoulder pain. Upon examination of the left shoulder, there was a well healed surgical incision and hyperalgesia to the mid portion of the scar incision. Full strength in the bilateral hands and intrinsic muscles was also documented in this exam. The range of motion values were 110 degrees of flexion and abduction with passive range of motion, but 80 degrees in both planes with active range of motion in the bilateral hands. Diagnoses were pain in the joint, shoulder, long-term use medications, and pain, psychogenic. Prior therapy included surgeries, therapy, and medications. The provider recommended a functional restoration program and the provider's rationale was to improve coping skills with less reliance on oral medications. The request for authorization was not provided in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program 160 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines. Chapter 5. Cornerstones of Disability Prevention and Management. Pages 89-92. The Expert Reviewer's decision rationale: The California MTUS/ACOEM Guidelines state, "That if an early return to work has been achieved and the return to work process is working well, the likelihood of depletion should be limited. If however, there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered." It is also noted that, "pre-injury or post injury or illness, strength and endurance may be limited and might be less than the job requires." If this is the case, the likelihood of re-injury or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to suit the injured worker's ability or considering an alternative replacement. There was no evidence of exceptional clinical findings or specific job related deficits or goals that are identified to substantiate an interdisciplinary intervention. As such, the request is considered not medically necessary.