

<b>Case Number:</b>	CM14-0018072		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/25/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 37 year old female who reported an injury on 09/25/2010. An evaluation on 12/27/2013 documents her pain was located in bilateral shoulders, right arm and low back. Her treatment history includes physical therapy, TENS units, acupuncture, Motrin, gabapentin and Vicodin. This evaluation suggests surgery possible on the right shoulder and right wrist in the future. A supplemental report dated 01/29/2014 documents findings of advanced fibromyalgia and chronic pain syndrome. The FCE reported the injured worker could lift up to 10 pounds. Her GAF score was 61. A recommendation to a functional restoration program. Division of Workers Compensation Request for Authorization for Medical Treatment is included in this documentation and dated 01/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A TWO WEEK TRIAL OF A FUNCTIONAL RESTORATION PROGRAM:** Upheld

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

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

**Decision rationale:** The request for a two week trial of a functional restoration program is not medically necessary. The injured worker had chronic pain and history of physical therapy, TENS, acupuncture, medications including gabapentin and NSAIDS. An evaluation on 12/27/2013 states possibility of surgical intervention for her right shoulder and right wrist. The California MTUS chronic pain medical treatment guidelines indicate if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement that functional restoration programs may be helpful. However, the injured worker still has not tried aqua therapy, steroid injections or surgery. Based on the documentation submitted the request does not meet the California MTUS chronic pain medical treatment guidelines. Therefore, the request is not medically necessary.