

<b>Case Number:</b>	CM14-0019348		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 & 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 42 year old male with a reported date of injury on 02/27/2012. The worker was injured when plywood struck him in the cervicobrachial region after it fell. The injured worker had diagnoses including status post right clavicular fracture, probably right brachial plexopathy, right cervicobrachial syndrome, cervicalgia. The injured worker began participation in the functional restoration program 01/06/2014. The injured worker's range of motion demonstrated cervical flexion to 40 degrees, extension was 52 degrees, shoulder flexion was 135 degrees on the right and 149 degrees on the left. The functional restoration program note dated 02/14/2014 reported the injured worker completed 160 hour of the program and made significant improvements in his mood and mental status. The provider indicated the injured worker had an 80% reduction in his symptoms of anxiety and depression as measured by the Hamilton scales. The cervical range of motion at that time was 50 degrees flexion, 40 degrees extension and 135 degrees of shoulder flexion on the right and 152 degrees on the left. The injured worker was provided a comprehensive home exercise program. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PARTICIPATION IN A FUNCTIONAL RESTORATION PROGRAM FOR 100 HOURS:**  
Upheld

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

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

**Decision rationale:** The injured worker participated in a functional restoration program for 160 hours and completed the program. The California Chronic Pain Medical Treatment guidelines recommend total treatment should not exceed 20 full-day session. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The Official Disability Guidelines recommends this type of program for patients with conditions that have resulted in delayed recovery. At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury. Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. The injured worker completed 160 hours of functional restoration program with improved function. The request for 100 additional hours would exceed the guideline recommendations. The guidelines do not recommend a re-enrollment in repetition of the same or similar rehabilitation. There is a lack of documentation that the injured worker had exceptional factors for which continuation beyond the guideline recommendations would be indicated. Therefore, the request is not medically necessary.