

<b>Case Number:</b>	CM14-0025207		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Neurological Surgery, 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 employee is a 64-year-old female injured on March 11, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicated that there were ongoing complaints of neck pain, left shoulder pain, left arm pain, and right hip pain. Current medications included ibuprofen and occasional usage of Norco. The physical examination demonstrated tenderness of the cervical paraspinal muscles and decreased cervical spine range of motion. Examination of the left shoulder noted mild tenderness at the left subacromial space and decreased shoulder motion. There was nonspecific hypersensitivity at the dorsal aspect of the left wrist. Physical examination of the right hip noted tenderness at the lateral aspect. A cortisone injection for the right hip was recommended as well as continued home exercise for the left shoulder. A request had been made for a functional restoration program and was not certified in the pre-authorization process on February 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM - 32 SESSIONS FOR A TOTAL OF 160 HOURS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 116,107.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Chronic), Functional restoration programs.

**Decision rationale:** According to the Official Disability Guidelines, a functional restoration program is recommended for selected patients with chronic disabling pain. The most recent progress note, dated May 20, 2014, stated that the injured employee's usage of ibuprofen takes care of the majority of her pain, and there is only occasional use of Norco. There was also a recent request for physical therapy, but the medical record does not indicate what kind of efficacy was achieved with the physical therapy program. For these reasons, this request for a functional restoration program is not medically necessary.