

<b>Case Number:</b>	CM14-0034537		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Texas. 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 a 49 year old female whose date of injury is 04/07/2012. The patient reports that she injured her left shoulder while lifting garbage out of a can. The patient underwent left shoulder debridement, subacromial decompression and lysis of adhesions on 05/06/13 followed by a course of postoperative physical therapy. The patient subsequently completed a functional restoration program. Weekly progress report dated 02/14/14 indicates that the patient has reported significant improvements in her mood and mental status, her ability to engage in activities of daily living and her overall functionality. She has demonstrated understanding of the independent home exercise program. Her levels of anxiety and depression have remitted by approximately 75%. After care was recommended to bridge the transition from the daily intensive program to the stage following completion of the program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESTORATION PROGRAM X 6 AFTERCARE SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

**Decision rationale:** Based on the clinical information provided, the request for [REDACTED] [REDACTED] Restoration Program x 6 aftercare sessions is not recommended as medically necessary. The submitted records indicate that the patient has completed 5 weeks of functional restoration program. The patient's mood and mental status have stabilized rather significantly. The patient has reported significant improvements in her ability to engage in activities of daily living and her overall functionality. She has demonstrated understanding of the independent home exercise program. There are no specific, time-limited treatment goals provided to support aftercare at this time. The request for [REDACTED] [REDACTED] Restoration Program x 6 aftercare sessions is not medically necessary.