

<b>Case Number:</b>	CM14-0036804		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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:

This 53 year-old patient sustained an injury on 9/12/08 while employed by the [REDACTED]. Request(s) under consideration include Functional restoration program, 80 hours, right shoulder. The patient is s/p right shoulder arthroscopy with subacromial decompression, debridement, and rotator cuff repair in August 2011. Conservative care has included medications, physical therapy, acupuncture, TENS trial, multiple shoulder injections, and home exercise program without significant benefit. Medications list Lidoderm, Norco, OxyContin Prilosec, Robaxin, Zantac, Docusate sodium, Lopressor, Lisinopril-Hydrochlorothiazide, and Flonase. MRI of the right shoulder dated 2/14/13 showed diffuse rotator cuff tendinosis with high-grade partial articular surface disruption and fraying of the supraspinatus and infraspinatus tendons; small focus of transmural disruption cannot be excluded; suspicion for intraarticular long head biceps tendon with complete disruption and retraction; superior labrum degeneration; mild to moderate AC joint arthrosis with degenerative spurring at distal clavicle. The Multidisciplinary FRP evaluation dated 10/14/13 noted patient with chronic right shoulder pain radiating to right upper extremity. Exam showed limited range of shoulder in all planes with supraspinatus motor strength of 4/5 with psychosocial barriers and impairments preventing recovery and pain has stopped the patient from returning to work. The patient report using high amounts of Oxycodone and Norco to reduce pain and continue daily activities (unspecified). Recommendations included FRP. Follow-up visit of 12/30/13 noted unchanged chronic shoulder pain complaints with unchanged limited range and positive orthopedic testing. The patient remained temporarily totally disabled with treatment plan for opiate refills. Request(s) for Functional restoration program, 80 hours, right shoulder was non-certified on 3/18/14 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, 80 hours, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

**Decision rationale:** This 53 year-old patient sustained an injury on 9/12/08 while employed by the [REDACTED]. Request(s) under consideration include Functional restoration program, 80 hours, right shoulder. The patient is s/p right shoulder arthroscopy with subacromial decompression, debridement, and rotator cuff repair in August 2011. Conservative care has included medications, physical therapy, acupuncture, TENS trial, multiple shoulder injections, and home exercise program without significant benefit. Medications list Lidoderm, Norco, OxyContin, Prilosec, Robaxin, Zantac, Docusate sodium, Lopressor, Lisinopril-Hydrochlorothiazide, and Flonase. MRI of the right shoulder dated 2/14/13 showed diffuse rotator cuff tendinosis with high-grade partial articular surface disruption and fraying of the supraspinatus and infraspinatus tendons; small focus of transmural disruption cannot be excluded; suspicion for intraarticular long head biceps tendon with complete disruption and retraction; superior labrum degeneration; mild to moderate AC joint arthrosis with degenerative spurring at distal clavicle. The Multidisciplinary FRP evaluation dated 10/14/13 noted patient with chronic right shoulder pain radiating to right upper extremity. Exam showed limited range of shoulder in all planes with supraspinatus motor strength of 4/5 with psychosocial barriers and impairments preventing recovery and pain has stopped the patient from returning to work. The patient report using high amounts of Oxycodone and Norco to reduce pain and continue daily activities (unspecified). Recommendations included FRP. Follow-up visit of 12/30/13 noted unchanged chronic shoulder pain complaints with unchanged limited range and positive orthopedic testing. The patient remained temporarily totally disabled with treatment plan for opiate refills. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this chronic injury. Guidelines note poor outcome from FRP with delayed treatment as in this case for chronic injury of 2008. The patient has remained TTD and was noted to be unable to return to any form of modified work for quite some time. The patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments including therapy already rendered. Submitted reports have not demonstrated specific limitations in ADLs described to

support for ongoing therapy that has not provided any long-term functional benefit. The Functional restoration program, 80 hours, right shoulder is not medically necessary.