

<b>Case Number:</b>	CM14-0043385		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Occupational Medicine 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 claimant injured his shoulders and left arm on 04/26/13 when he stepped into a pothole and fell. A supervised functional restoration program has been requested and is under review. He is status post left shoulder arthroscopic surgery in November 2013. On 01/29/14, he was doing better. He was in therapy. His pain was occasional and level IV. He had decreased range of motion of the left shoulder. His strength was good. There are no neurologic deficits. He was doing well and he needed additional physical therapy for 18 visits because he still had drastically limited range of motion and strength. In February 2014 he complained of left shoulder pain and psychological symptoms with anxiety and nervousness. He was worried about his future. He had tenderness about the left shoulder with spasm. He reportedly had 12 sessions of postop physical therapy certified but it is unclear whether or not he completed them. Acupuncture has also been requested along with range of motion testing. He saw [REDACTED] on 03/17/14. He had mild to occasionally moderate left shoulder pain. He had not started therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supervised functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Functional Restoration Program Participation Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs; Chronic Pain Programs Page(s): 82; 63.

**Decision rationale:** The history and documentation do not objectively support the request for a supervised functional restoration program. The MTUS state "functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs: Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed.), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998)... There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." In this case, there is no evidence that all other lower level care has been completed and the claimant has failed to improve. His course of postop treatment to date is unclear, including the number of visits of postop PT and whether or not he has been involved in an ongoing home exercise program and what his response to rehab/exercise has been. The medical necessity of this request has not been clearly demonstrated.