

<b>Case Number:</b>	CM14-0043721		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/12/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 36-year-old male with a reported date of injury on July 15, 2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include should region disorders, pain in joint of shoulder, shoulder bursa and tendon disorders, and skin sensation disturbance. His previous treatments were noted to include acupuncture, physical therapy, medications, and surgery. The progress note dated April 10, 2014 reported the injured worker complained of neck pain and noted his right shoulder was improving. The injured worker stated the preoperative pain was resolved. The physical examination reported the cervical spine range of motion was unrestricted and the right shoulder incisions were well healed. The active range of motion for flexion was 150 degrees, abduction was to 150 degrees, external rotation was to 50 degrees, internal rotation L1 was versus 160 degrees, 160 degrees, 70 degrees and T12 and rotator cuff strength was noted to rate 5/5. The progress note dated May 28, 2014 reported the injured worker complained of right shoulder pain rated 7/10. The pain was described as aching and radiated to the neck and left shoulder. The physical examination noted movements were restricted to the right shoulder with flexion limited to 130 degrees and abduction limited 130 degrees. The Hawkin's and Neer's tests were positive and upon palpation, tenderness was noted in the biceps groove and glenohumeral joint. The left shoulder noted no limitation to flexion, extension, adduction, abduction, active elevation, passive elevation, internal and external rotation. The motor examination was noted to be 4/5 to the right and 5/5 on the left. Sensory examination was noted to have light touch sensation decreased over the lateral foramen on the right side. The Request for Authorization Form was not submitted within the medical records. The request is for an initial evaluation for interdisciplinary Functional Restoration Program; however, the provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Evaluation for Interdisciplinary Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

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

**Decision rationale:** The injured worker has chronic pain and depressive symptoms. The California MTUS Guidelines recommend Functional Restoration Programs, a type of treatment included in the category of interdisciplinary pain programs, 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. Functional Restoration Programs 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. There appears to be little scientific evidence for 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker was authorized to see a psychologist; however, there was a lack of documentation regarding those visits and any results from psychological testing to warrant a functional restoration program. Therefore, the request is not medically necessary.