

<b>Case Number:</b>	CM14-0047993		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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:

This is a 56-year-old male with an 8/2/11 date of injury. The mechanism of injury was when he was throwing out trash in a construction bin, and as he swung a big trash bag into the bin, he felt several pops in his left shoulder and neck. According to a progress report dated 3/3/14, the patient has continued with functional restoration which has been beneficial. Objective findings: tenderness to palpation in the left upper, mid, and lower paravertebral and trapezius muscle; tenderness to palpation in the left upper thoracic paravertebral muscles; periscapular and trapezius tenderness; tenderness and a negative Tinel's sign over the brachial plexus and thoracic outlet; decreased sensation in the left upper extremity, most notably in the C6 distribution. Diagnostic impression: status post left shoulder arthroscopy on 5/23/12, cervical spine strain with degenerative joint disease, left cervical radiculopathy. Treatment to date is medication management, activity modification, physical therapy, functional restoration program and chiropractic therapy. A UR decision dated 3/22/14 denied the request for functional restoration program 2 x 6 weeks. Recent notes state that the patient is already doing a functional restoration program. There is no indication of number of sessions attended or its benefit. There is no indication to either enter a functional restoration program or continue with one based on the information provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restorative Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. According to the UR decision dated 3/22/14, this is a request for 12 additional sessions of functional restoration program. It is documented that the patient has been participating in a functional restoration program, however the number of sessions completed was not noted. In addition, there is no documentation of functional improvement from her completed sessions. Guidelines support up to 20 sessions. There are no clear reasons why further goals cannot be achieved without the additional 12 sessions requested. The endpoint goals of treatment are not clearly defined in the submitted records. Therefore, the request for Functional Restorative Program was not medically necessary.