

<b>Case Number:</b>	CM14-0055930		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 46 year old male whose date of injury is 06/28/2012. The injured worker sustained injuries to his mid and lower back, right shoulder, left elbow and bilateral wrists as a result of a slip and fall. Treatment to date includes right shoulder rotator cuff repair on 05/13/13. The injured worker has been authorized for 160 hours of functional restoration program to date. Impression is status post subacromial decompression and rotator cuff repair, right; and left shoulder impingement rule out rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 97790 x 160 units = 27 hours/wk for 8 weeks = 160 for chronic pain:** Upheld

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

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

**Decision rationale:** The submitted records indicate that the injured worker has been authorized for 160 hours of functional restoration program to date. California Medical Treatment Utilization Schedule (MTUS) guidelines note that total treatment duration should generally not exceed 160

hours. There is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker's objective functional response to the program is not documented as there are no updated records with physical examination and psychometric testing measures provided. Therefore, the request is not medically necessary.