

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0074881 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 09/28/2006 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 05/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/22/2014 |

### 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 patient is a 47 year old female who was injured on 09/28/2006 when she reached forward to pull a box off a conveyor belt, resulting in right shoulder pain. Prior treatment history has included physical therapy Physical therapy note dated 02/04/2014 states the patient presented with complaints of right shoulder pain. She reported her pain location in her back, neck, right upper extremity and right lower extremity. She has diffuse tenderness throughout the right side of her body around the shoulder and knee. She described the pain as constant and rated it as 8/10 at its worst and 6/10 at its best. She reported her pain is aggravated by activity. Her activities of daily living are affected as well allowing her to perform 75% independent self-care; 50% independent household duties 50%; recreational activities 25% independent; community participation 25% independent and dependent part/full time employment. Her range of motion of the lumbar spine is decreased by 50% in bilateral rotation and left side bending; 25% in flexion and 75% in extension. Cervical spine rotation is decreased by 50% in bilateral side bending and right rotation; 25% left rotation; 75% extension and 50% flexion. This patient was recommended for [REDACTED] to assess the functional limitations, baseline and goals of the patient. Prior utilization review dated 05/09/2014 states the request for [REDACTED] reassessment x 1 four hour visit is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] reassessment x 1 four hour visit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, functional restoration programs Page(s): 30-34.

**Decision rationale:** According to MTUS guidelines, Functional Restoration Programs may be indicated for patients in whom standard treatment options have been exhausted, there is a significant loss of ability to function independently, surgery is not being considered, there is motivation to change and forego secondary gains, and negative predictors of success have been addressed. Program participation is not recommended for longer than 2 weeks without evidence of efficacy. In this case, 6 weeks over 2 months of the [REDACTED] functional restoration program were completed, and a request was made within a few weeks of program end for a 4-hour [REDACTED] program reassessment. However, little time has elapsed to assess independent implementation of strategies from what was an extensive functional restoration program. Review of clinic notes over the first few months following program completion suggest little if any clinically significant functional improvement, including reduction in dependency on medical care, or pain reduction from participation in the [REDACTED]. Medical necessity is not established for program reassessment given lack of demonstrated efficacy.