

<b>Case Number:</b>	CM14-0094301		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/15/2005
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 42 year-old female was reportedly injured on 7/15/2005. The mechanism of injury is not listed. The claimant underwent right shoulder arthroscopic subacromial decompression Mumford procedure on 5/2/2008. The most recent progress note dated 5/5/2014, indicates that there are ongoing complaints of neck, bilateral shoulder, wrist and hand pain. Physical examination demonstrated tenderness to right upper trapezius, levator scapulae and suboccipital areas; cervical spine range motion: flexion 15, extension 15, rotation 40, lateral bending 15; positive Spurling's maneuver bilaterally; tenderness to shoulders; left shoulder range of motion: flexion 120, extension 45, abduction 150, internal/external rotation 75; right shoulder range of motion: flexion 100, extension 45, abduction 90, internal/external rotation 75; positive right shoulder Hawkins impingement test; motor strength 4/5 throughout the right upper extremity and left hand grip; normal sensation in the upper/lower extremities; deep tendon reflexes: 1+/4 on right and 2+ on left upper extremities. MRI the cervical spine dated 11/21/2013 demonstrated osteophyte ridging and disk bulging at C3/4 and C5/6, and disk bulging at C4/5. MRI of the right shoulder dated 11/21/2013 demonstrated mild to moderate supraspinatus and subscapularis tendinosis with possible subscapularis calcific tendinitis, large sub-labral sulcus versus partial detachment of the anterior aspect of the biceps anchor/superior labral complex, with a small amount of focal joint fluid. EMG/NCV study dated 2/3/2014 showed evidence of bilateral C6 radiculopathy. Previous treatment includes arthroscopic shoulder surgery, physical therapy, acupuncture, massage therapy and medications to include Norco, Relafen, and Flexeril. A request had been made for functional restoration program (quantity 32), which was not certified in the utilization review on 6/9/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program Qty 32:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 30-49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, and are required to meet selection criteria per MTUS guidelines. The treatment guidelines allow #20 full-day sessions, and treatment duration in excess require a clear rationale for an extension and reasonable functional goals to be achieved. The current request for #32 days exceeds the MTUS chronic pain treatment guidelines allowable amount for a functional restoration program. As such, Functional restoration program Qty 32 is not considered medically necessary.