

<b>Case Number:</b>	CM14-0094562		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2014

### 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 60-year-old individual was reportedly injured on 8/8/2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/24/2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination was handwritten. Left shoulder had positive strain, positive tenderness and limited range of motion. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for functional restoration program, two (2) times weekly for four (4) weeks, for the left shoulder and was not certified in the pre-authorization process on 5/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, two (2) times weekly for four (4) weeks, for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain management programs Page(s): 31-32.

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

**Decision rationale:** Functional Restoration Programs (FRP) is recommended although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs 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. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time. After reviewing the medical documentation provided, there was very limited documentation concerning physical exam and treatment and concerning return to work status. Therefore, this request is deemed not medically necessary.