

<b>Case Number:</b>	CM14-0099291		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 40 year old male with a work injury dated 8/10/12. The diagnoses include frozen shoulder and shoulder impingement. Under consideration is a request for functional Restoration Program Trial quantity 10. There is an office visit document dated 5/20/14 that state that the patient presents with ongoing pain in the right shoulder, neck, and back. Associated symptoms include tingling, weakness, locking and spasms. The patient reports difficulty sleeping due to pain and spasms. The patient feels that his relationships with other people have been affected by his pain due to stress. He has tried medications (60-80% relief). The patient is able to complete the following activities with some difficulty: bathing, dressing, driving, grooming. The patient is unable to complete or requires assistance to complete the following activities: cleaning, cooking, sexual activity. He has decreased standing and sitting tolerance. The pain interfered with his sleep and mood. On exam there is crepitus noted right shoulder. There is tenderness to palpation in the biceps tendon bilaterally. Trigger points palpated in. the upper trapezius, lower trapezius. splenius capitis and quadratus lumborum bilaterally. Pain limited range of motion of the right shoulder. There is decreased strength in both arms in elbow flexion and in both legs with hip flexion, knee extension, and ankle dorsiflexion. Sensation intact to light touch in dermatomes L3-51 bilaterally. Paresthesias to light touch noted in the digits 1-3 on right, digits 1-2 on left. Patellar reflex arc 2+ bilaterally. Achilles tendon reflex are 1 + bilaterally. Shoulders: apprehension test (+) on the right, Hawkins's test (+) bilaterally, Speed's test (+) on the left. There is a positive SI joint compression test. The treatment plan states that the patient has persistent pain and ongoing problems with his functional recovery despite participating in a home exercise program. The medications he has been using have been helpful and effective, but only temporarily. He has been getting increasingly anxious and concerned about his functional

recovery; he would like to get back to work as soon as possible. There is a request for a functional capacity evaluation as well as a functional restoration program. There is a 9/24/13 document that states that the provider would like to request Functional Restoration Program evaluation to determine whether the patient is an appropriate candidate. The director of the program will evaluate psychosocial barriers to participating in the FRP program. If the patient is found to be a candidate for the program, a multi-disciplinary report will be issued that will outline treatment goals and a formal request for entry into the Functional Restoration Program. There is also a request to get a Functional Capacity Evaluation for baseline testing as a part of the FRP evaluation. The patient has not responded well to previous methods of treatment including physical therapy and home exercise program. He has problems with sleep, decreased ADLs, decreased energy, decreased sitting standing walking tolerance, increased pain, poor concentration and impaired pushing, pulling, reaching and lifting. The patient is currently not a surgical candidate. The patient is motivated to improve and is committed to overall functional improvement and compliance with treatment goals. No secondary gains have been identified. In terms of negative predictors, the patient does not display any of the following: negative relationship with employer or supervisor or poor work adjustment and satisfaction. Goals for treatment are to reduce his opioid use by 40% percent and to increase awareness of personal strengths to control pain and medication use. An addendum to this document was added on 4/24/14 to reflect patient's treatment failure with a home exercise program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional Restoration Program Trial quantity 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

**Decision rationale:** Functional Restoration Program (FRP) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. The documentation does not indicate that the patient has had a thorough evaluation with baseline functional testing. Furthermore, the guidelines recommend that the patient has a significant loss of ability to function independently resulting from the chronic pain. The documentation indicates that the patient is able to complete the following activities with some difficulty: bathing, dressing, driving, and grooming and therefore does not have a significant loss of ability to function independently. Therefore, the request for a Functional Restoration Program (FRP) is not medically necessary.