

<b>Case Number:</b>	CM14-0175591		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Orthopedic Surgeon, Fellowship Trained in Adult Reconstruction Surgery and is licensed to practice in Pennsylvania. 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 47-year-old male who reported an injury after a slip and fall from a truck on 03/11/2013. His shoulder dislocation was reduced on the day of the reported incident. On 09/10/2014, his clinical impression was status post subacromial decompression, debridement of glenohumeral joint, manipulation under anesthesia - right shoulder (08/20/2013) for a diagnosis of fracture of the proximal right humerus involving the right greater tuberosity, and frozen right shoulder. Despite post-operative physical therapy, he had persistent pain and loss of motion in the shoulder, which significantly increased with motion of the right arm. He avoided any use of his right arm and could not lift anything with his right hand. He was also experiencing depression and stress issues. He held his right arm to his chest to avoid activities, including shaking hands due to the pain of his right shoulder. Regarding his activities of daily living, he was able to help himself but required occasional assistance. He was not under the care of a physician for his shoulder since 02/2014. He was not taking any medications. Upon examination, there was tenderness to palpation over the anterior capsule. Range of motion of the right shoulder showed flexion and abduction at 90 degrees with extension, adduction, internal and external rotation at 0 degrees. He had a positive impingement test to the right shoulder. It was recommended that he obtain the services of an orthopedic surgeon for his right shoulder. It was noted that he might benefit from manipulation under anesthesia. Due to his chronic pain and the lack of significant improvement, the recommendation was made for him to be seen for a multidisciplinary evaluation to assess his candidacy for a functional restoration program. On 08/19/2014, a different provider also recommended that this worker be referred to a physical medicine and rehabilitation physician who would be best qualified to refer and direct for manipulation under anesthesia. A Request for Authorization dated 09/30/2014 was included in this injured worker's chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

**Decision rationale:** The request for multidisciplinary evaluation is not medically necessary. The California MTUS Guidelines recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. These programs may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation has been made, including baseline functional testing so followup testing can note functional improvement; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) the patient has a significant loss of ability to function independently resulting from the chronic pain; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; and (5) the patient exhibits motivation to change and is willing to forego secondary gains, including disability payments, to affect this change. Two examining physicians have recommended manipulation under anesthesia as an option for this injured worker. Baseline functional testing with objective measures has not been performed. Additionally, the request did not specify a time frame or number of visits. Therefore, this request for multidisciplinary evaluation is not medically necessary.