

<b>Case Number:</b>	CM14-0196766		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Practice, 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:

This is a 34 years old female patient who sustained an injury on 7/9/2013. She sustained the injury due to her repetitive job activities. The current diagnoses include repetitive strain injury of the upper extremity, right shoulder supraspinatus and infraspinatus tendinosis with low grade partial tears, cervical spondylosis, cervicgia, myofascial pain on the right side of the neck and upper back, mild right carpal tunnel syndrome status post right carpal tunnel surgical release and chronic pain syndrome. Per the doctor's letter dated 11/20/14, she had improvements in her ability to cope with her right shoulder and distal right hand pain and weakness. She was able to minimize the use of Ultracet and rarely uses that medication. She had intermittent numbness and tingling in the right upper extremity with pain in the right shoulder and right arm. The physical examination revealed tenderness over the right anterior shoulder and right acromion, mild right axillary tenderness, difficulty raising her right arm above shoulder height and guarding noted on right wrist movements. The medications list includes topical Diclofenac sodium, pantoprazole and ultracet. She has had electro diagnostic studies of right upper extremity dated 9/30/13 which revealed right carpal tunnel syndrome; MRI cervical spine dated 12/16/13 which revealed degenerative changes at C4-5 and C5-6 and congenital narrowing of the spine; right shoulder MRI dated 10/26/13 which revealed low grade partial tear/tendinosis of the supraspinatus and infraspinatus; MRI right shoulder dated 9/15/14 which revealed suspicious for labral degeneration and degenerative tear, rotator cuff tendinosis primarily involving the supraspinatus tendon with low-grade bursal surface fraying and mild attenuation and mildly type II acromion with mild acromioclavicular arthrosis, small to moderate amount of reactive fluid in the subacromial subdeltoid bursa; EMG/NCS dated 9/19/14 which revealed a mild demyelinating median neuropathy across the right wrist. She had undergone right carpal tunnel release on 4/16/14. She has had injection to the right shoulder and right radial tunnel for this injury. She has

had physical therapy visits, acupuncture visits, chiropractic visits and 160 hours of functional restoration program for this injury.

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

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

**Six sessions of a Functional Restoration Program (FRP) aftercare: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

**Decision rationale:** Per the cited guidelines "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function."She has already had 160 hours of functional restoration program for this injury. Therefore, the requested additional visits in addition to the previously rendered functional restoration program sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement with previous 160 hours of functional restoration program. The medical necessity of six sessions of a Functional Restoration Program (FRP) aftercare is not fully established for this patient.