

<b>Case Number:</b>	CM14-0203686		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/28/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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:

This worker sustained an injury on 9/28/2011. According to a 10/22/2014 physician office visit note, he has pain in his neck, mid back and bilateral shoulders. His diagnoses include repetitive strain injury, myofascial pain syndrome, cervical sprain/strain injury, lumbosacral sprain/strain injury, possible cervical and lumbosacral disc injury, bilateral shoulder rotator cuff injury, bilateral shoulder sprain/strain injury, status post left shoulder rotator cuff injury with status post-surgical repair in March 2012, insomnia, gastrointestinal distress, weight gain, sexual dysfunction, depression, pain disorder associated with both psychological factors with orthopedic condition, shoulder pain. His medications include Norco 2 tablets a day and Ketoprofen cream. Authorization for a functional restoration program has been requested due to "the patient still has a lot of pain and discomfort involving multiple body parts including the neck, low back, and right shoulder." According to the 9/10/2014 physician visit note, he graduated from a functional restoration program previously and it is reported that he does the home exercises and coping techniques he learned in that program and finds them beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 31-32.

**Decision rationale:** This worker graduated from a functional restoration program previously from which he experiences ongoing benefit. It is not clear what additional gains are expected from another program. Furthermore, among the criteria for the use of a multidisciplinary pain management program is an adequate and thorough evaluation, including baseline functional testing so follow-up with the same test can note functional improvement. There is no evidence from the requesting physician's office visit notes in the preceding months or from other available documentation, that there has been sufficient functional testing. There are subjective reports of function but no adequate measurements of function to establish a baseline for later comparison. Medical necessity for a functional restoration program has not been established.