

<b>Case Number:</b>	CM14-0205492		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Internal Medicine, 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:

The injured worker (IW) is a 51-year-old woman with a date of injury of August 6, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right shoulder rotator cuff injury; right shoulder sprain/strain injury; myofascial pain syndrome; left shoulder pain likely due to overcompensation; myofascial trigger point; and abdominal GI distress likely due to medication usage. Pursuant to the clinical note dated November 14, 2014, the IW has been attending her Functional Restoration Program (FRP) at the [REDACTED]. She has been attending Tai-Chi, yoga, meditation, mindfulness, learning techniques as well as having psychological and cognitive counseling, physical therapy, nutritional classes to help her better cope, adjust, and adapt to her chronic pain condition. Overall, the IW is making good progress and is able to better manage her chronic pain condition by attending the FRP. Objectively, the IW is awake, alert and oriented with no signs of sedation. Gait is normal with no assistive devices. Examination of the right shoulder reveals positive tenderness to palpation. She has decreased range of motion (ROM) with abduction approximately 100 degrees, extension is minimal, and flexion is also around 100 degrees. On the left, she has mild tenderness to palpation with decreased ROM. The IW has completed five weeks of the FRP. There is no clear rationale in the medical records for the specified extension. There is a progress note dated September 26, 2014 that indicates, under the treatment plan, final FRP times two weeks at [REDACTED]. Additionally, the treating physician is the owner with a financial interest in this [REDACTED]. This was disclosed to the IW. The current request is for Functional Restoration Program aftercare X 8 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program after care times 8 days: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration Program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program after care times eight days is not medically necessary. The Functional Restoration Program, Chronic Pain Programs are recommended pursuant to the Criteria for General Use of Multidisciplinary Pain Management Programs. They include, but are not limited to, total treatment duration should not exceed four weeks (20 full days or 160 hours, or the equivalent in part day sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. See the Official Disability Guidelines for all #15 criteria. In this case, the injured workers working diagnoses are right shoulder rotator cuff injury; right shoulder sprain/strain injury; myofascial pain syndrome; left shoulder pain likely due to overcompensation; myofascial trigger point; and abdominal G.I. distress likely due to medication usage. The injured worker has completed five weeks of the functional restoration program. The guidelines allow 20 full days of 160 hours. If additional treatment is required a clear rationale for the specified extension and reasonable goals should be provided. There is no clear rationale and the medical records of the specified extension. There is a progress note dated September 26, 2014 that indicates, under the treatment plan, final FRP times two weeks at [REDACTED]. The injured worker has received the maximum treatment allowable per the guidelines under the FRP program. Additionally, the treating physician is the owner with a financial interest in this [REDACTED]. This was disclosed to the injured worker. Consequently, absent a clear rationale for the proposed extension and reasonable goals documented in the record, functional restoration program aftercare times eight days is not medically necessary.