

<b>Case Number:</b>	CM15-0007598		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 44 year old female, who sustained an industrial injury on 01/17/2014. On provider visit dated 12/09/2014, the injured worker has reported right shoulder pain. On examination she was noted to have a decreased range of motion of right shoulder and is unable to dress herself. The diagnoses have included cervicobrachial syndrome, shoulder impingement, rotator cuff syndrome, bursitis and bicipital tenosynovitis. On 12/10/2014 Utilization Review non-certified functional restoration program evaluation. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31, 32, 68 and 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** The office note on 12/09/2014 revealed that the patient has psychiatric issues with stress and anger. The mechanism of injury on 01/17/2014 was pulling a vacuum cleaner that was stuck and having neck and right shoulder pain. Yet, there are symptoms of bilateral dermatome sensory deficits. MTUS, Chronic Pain, note that it is unclear which patient should be selected to a functional restoration program. Also there appears to be less scientific evidence of efficacy of functional restoration programs for patients with neck/shoulder pain than patients with back symptoms. The requested program is not medically necessary for this patient.