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| Case Number: | CM15-0135600 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 04/11/2012 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 45 year old female who sustained an industrial injury to her right shoulder and neck on 04/11/2012 while pushing a heavy rack of clothing. The injured worker was diagnosed with right shoulder adhesive capsulitis, right cervicobrachial syndrome, myofascial pain, reactive depression and insomnia. The injured worker is status post manipulation under anesthesia of the right shoulder on January 30, 2015. Treatment to date has included diagnostic testing, heat/ice therapy, physical therapy, acupuncture therapy, shoulder steroid injections, foam-roller device, functional restoration program (FRP) evaluation with psychological report on May 28, 2015 and medications. According to the medical reports dated May 28, 2015 and June 5, 2015, the injured worker continues to experience right sided neck pain that radiates into the right upper back and right shoulder pain radiating into the right lateral and medial aspects of the upper arm. The injured worker rates her pain level at 8-9/10. Examination demonstrated tenderness to palpation over the right posterior cervical paraspinal muscles from C3 through C7 with mild spasm. Cervical flexion was well tolerated with a grossly negative Spurling's test. The injured worker has difficulty turning her head to both the left and right by approximately 25% of normal with guarding. The upper back noted tenderness to palpation over the right trapezius, right upper thoracic paraspinal muscles and medial borders of the scapula. The right shoulder examination demonstrated mild tenderness to palpation over the right acromioclavicular joint with evidence of mild impingement. Range of motion of the right shoulder was noted as flexion and abduction at 160 degrees and internal rotation to approximately 60 degrees. Deep tendon reflexes and vascular status of the right upper extremity

were intact. Current medications are listed as Norco 2.5mg/325mg, Tramadol 37.5/325mg, Naproxen, Advil and Pantoprazole. Treatment plan consists of discontinuing Advil and Norco with trial of Tramadol, surgical shoulder consultation and the current request for functional restoration program (FRP) for 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Functional Restoration Program, 160 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 31-32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional restoration program <http://www.odg-twc.com/>.

Decision rationale: According to ODG guidelines, functional restoration program recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in delayed recovery. This study concluded that an interdisciplinary functional restoration program (FRP) is equally effective for patients with chronic upper extremity disorders, including the elbow, shoulder and wrist/hand, as for patients with lumbar spine disorders, regardless of the injury type, site in the upper extremity, or the disparity in injury-specific and psychosocial factors identified before treatment. (Howard, 2012) See the Chronic Pain Chapter for the specific ODG Criteria highlighted in blue, for the use of multidisciplinary pain management programs. There is documentation that the patient condition required a restoration program. However the number of requested sessions exceeded the maximum of 20 full day sessions recommended by the guidelines for initial trial. Therefore, the request for ██████████ Functional Restoration Program, 160 hrs is not medically necessary.