

<b>Case Number:</b>	CM15-0140311		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial/work injury on 2-20-14. She reported an initial complaint of neck, shoulder, thorax, and elbow and wrist pain. The injured worker was diagnosed as having cervical spine strain, left cervical radiculopathy, left rotator cuff tenderness and impingement syndrome, degenerative joint disease of cervical spine with hard protrusions at C5, 6 and 7, and thoracic disc protrusion at T5-9. Treatment to date includes medication. Currently, the injured worker complained of cervical, shoulder, thorax, elbow, and wrist discomfort. Per the primary physician's report (PR-2) on 6-17-15, exam notes tenderness to palpation in the left upper, mid, lower paravertebral and trapezius muscles in the cervical spine, range of motion is 30 degrees of flexion, 40 degrees right lateral bending, 30 degrees left lateral bending, 40 degrees bilateral lateral rotation, and 25 degrees extension. The thoracic spine has tenderness to palpation in the left upper paravertebral muscles with moderate limitation of range of motion. The left shoulder notes tenderness over the anterior rotator cuff with mild AC joint and bicipital tenderness without instability, and positive impingement and grind. Elbow and wrist exams were normal. Current plan of care included exercise and medication. The requested treatments include Continue Functional Restoration Program for left shoulder, cervical and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Functional Restoration Program for left shoulder, cervical and thoracic spine  
2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Functional restoration programs (FRPs); Multidisciplinary pain programs Page(s): 31-32.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** The Official Disability Guidelines stipulate that the total treatment duration for functional restoration programs should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed). The patient has completed 13 sessions to date with no documented functional improvement. Continue Functional Restoration Program for left shoulder, cervical and thoracic spine 2x6 is not medically necessary.