

<b>Case Number:</b>	CM15-0141810		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 on 10-12-11. The injured worker was diagnosed as having right shoulder impingement syndrome, right rotator cuff tendinitis, right lateral epicondylitis, and possible right radial nerve syndrome. Treatment to date has included right shoulder arthroscopic surgery, Cortisone injections to the shoulder, physical therapy, home exercise, and medication. Physical examination findings on 7-1-15 included shoulder motion was painful with abduction and internal rotation. Shoulder range of motion was restricted and tenderness was noted over the right forearm dorsal aspect. Notes indicate that a recent pain management consultation with treatment was recommended for authorization. Currently, the injured worker complains of pain in the right shoulder, upper arm, and elbow with intermittent numbness in the right hand 4th and 5th fingers. The treating physician requested authorization for a functional restoration program.

### 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 ACOEM Page(s): 137-138, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The patient has a significant loss of ability to function independently resulting from the chronic pain. The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. In fact, it appears that the patient was recently recommended for a pain management consultation which was authorized. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Finally, the currently requested open-ended functional restoration program is inconsistent with guidelines which recommend a two-week trial. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.