

<b>Case Number:</b>	CM15-0163527		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Massachusetts

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 60 year old male who sustained an industrial injury on 06-19-13. Initial complaints and diagnoses are not available. Treatments to date include bilateral shoulder surgery, right inguinal hernia repair, physical therapy, medications, and a Functional Restoration Program Evaluation. Diagnostic studies are not addressed. Current complaints include anxiety, depression, bilateral shoulder and right groin pain. Current diagnoses include depressive disorder anxiety disorder, status post head trauma and forehead laceration, and suspected epilepsy. In a progress note dated 07-23-15, the treating provider reports the plan of care as participation in a Functional Restoration Program. The requested treatment includes 160 hours of 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 160 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49.

**Decision rationale:** The claimant sustained a work injury in June 2013 as the result of a motor vehicle accident. He has a history of a CVA and may have had a seizure. He sustained a significant right forehead laceration and required plastic surgery and was subsequently treated for a hernia. He sustained injuries to both shoulders and underwent arthroscopic surgery in April 2014 on the left side and in January 2015 on the right side. He had postoperative physical therapy with improvement. He was evaluated for participation in the functional restoration program on 07/23/15. He was having bilateral shoulder pain and intermittent right groin pain. He was unsure whether he could return to work at his prior occupation but wanted to return to work in some capacity as a service technician. When evaluated, he was having significant depression affecting his daily functioning and he was having increased and ongoing family and relationship stress. He was determined to be an appropriate candidate for participation in the program and 160 hours of participation was requested. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the number and duration of the initial sessions being requested is in excess of recommended guidelines or what would be needed to determine whether continued participation was either likely to be effective or necessary. The request is not medically necessary.