

<b>Case Number:</b>	CM15-0184443		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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

### 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 46 year old female who sustained an industrial injury on 04-03-2014. The injured worker was diagnosed with shoulder pain, carpal tunnel syndrome, lumbosacral spondylosis and psychogenic pain. The injured worker has a medical history of diabetes mellitus and depression. The injured worker is status post right shoulder arthroscopy on 10-17-2014. The treating physician's progress reports dated 07-21-2015 and 07-14-2015 did not contain objective clinical findings. The latest review from the functional restoration program (FRP) physician dated 08-03 through 08-07-2015 documented the final week of the program noting the injured worker continues to have significant pain in the right shoulder exacerbated by lifting the arm at or above shoulder level. No quantitative assessment of pain level was documented. The injured worker remains committed with her home exercise program and plans to make it a routine part of continued therapy. Examination of the right shoulder demonstrated abduction is limited to 45 degrees and flexion about 90 degrees. Adequate home exercise program and coping skills have been provided and the injured worker seems motivated to improve as she re-integrates into her daily routine. Prior treatments included diagnostic testing, surgery, physical therapy, functional restoration program (FRP) from 06-29-2015 with successful completion on 08-07-2015 and medications. Current medications were listed as Norco 10mg-325mg, Diclofenac cream, Trazodone and Citalopram. Treatment plan consists of continuing medications, maintaining home exercise program and the current request for functional restoration aftercare program x 6 sessions. On 08-26-2015, the Utilization Review determined the request for functional restoration aftercare program x 6 sessions was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Functional restoration aftercare program x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The patient presents on 08/07/15 for discharge after completing 6 weeks of a functional restoration program. The patient's date of injury is 04/03/14. Patient is status post right shoulder arthroscopic surgery on 10/17/14. The request is for functional restoration aftercare program x6. The RFA is dated 08/19/15. Progress report 08/07/15 notes improved lumbar range of motion, improved hip range of motion, improved strength in the right lower extremity, and improved cardiac endurance and overall strength. The patient is currently prescribed Norco, Trazodone, Ferrous Sulfata, Citalopram, Loratadine, and Metformin. Patient is currently not working. The MTUS Guidelines, Functional Restoration Programs section, page 49 has the following regarding the criteria for the attendance of an FRP: (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In regard to the 6 follow ups with the functional restoration program, the request exceeds guideline recommendations. This patient presents having completed six weeks of intensive functional restoration, with several psychological and functional benefits noted. While follow-up visits are not specifically discussed in MTUS criteria for functional restoration programs, guidelines do indicate that treatment in excess of the approved course requires a clear rationale for the specified extension, with specific and reasonable goals for the patient. In this case, the requesting provider has not provided an adequate discussion of what is to be achieved by regular follow-ups with the associated functional restoration program, as required by MTUS. Per 08/07/15 discharge note, the provider states the following: "In order to continue to succeed in making the transition to holistic wellness and maintaining the gains obtained during the NCFRP treatment program, aftercare is recommended to bridge the transition from NCFRP's intensive daily program to the stage following completion of the program. Aftercare would include onsite meetings with an NCFRP psychologist and a group of other NCFRP participants in order to gain assistance consolidating gains made during participation..." In this case, the provider includes a rationale for extension, however "consolidating gains" is a vague description of goals to be obtained. It is not clear why this patient would be unable to continue with the functional gains already obtained, or why additional follow-up visits are necessary to consolidate improvements. The request as written is excessive and therefore is not medically necessary.