

Case Number:	CM15-0200465		
Date Assigned:	10/15/2015	Date of Injury:	07/26/2011
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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 York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 47-year-old female, with a reported date of injury of 07-26-2011. The diagnoses include left shoulder joint pain, neck pain, fibromyositis, chronic pain syndrome, anxiety, and depressive disorder. Treatments and evaluation to date have included Gabapentin, Klonopin, Norco, Nortriptyline, Omeprazole, and Voltaren 1% gel. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-13-2015 indicates that the injured worker had a history of prior left shoulder decompression surgery and frozen shoulder. She presented for a medical re-evaluation of work-related injuries to the left shoulder, head, and neck region. It was noted that the injured worker's symptoms remained stable and unchanged since her last visit. The injured worker used Norco twice a day for pain management, and reported greater than 50% improvement in pain and function with this medication. It was also noted that the injured worker continued to have chronic pain in the left shoulder and neck, and post-concussive headaches, regional myofascial pain, and a mood disorder. She planned to start the functional restoration program on the day of the visit. The physical examination showed normal psychological findings; no acute distress; a normal gait; a normal posture; and pain behaviors within expected context of the disease. The treating physician stated that it is anticipated that the injured worker would start tapering the opioid once she started the program and learn additional pain management tools. The functional restoration program weekly integrative summary report dated 08-21-2015 indicates that the injured worker reported subjective gains during the week of treatment. She showed a limited ability to participate in an individualized treatment plan. She was moderately limited in activity

participation that week due to flare-up. The request for authorization was dated 08-21-2015. The treating physician requested a functional restoration program (2 weeks, 10 days, 60 hours). On 09-15-2015, Utilization Review (UR) non-certified the request for a functional restoration program (2 weeks, 10 days, 60 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (2 weeks, 10 days, 60 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

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

Decision rationale: Per the guidelines, a functional restoration program (FRPs) is a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Independent self-management is the long-term goal of all forms of functional restoration. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This injured worker has not demonstrated significant gains and had a limited ability to participate. The records do not support the medical necessity of a functional restoration program. Therefore, the request is not medically necessary.