

<b>Case Number:</b>	CM15-0029298		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 10/23/2012. Current diagnoses include small interstitial enthesal tear of the supraspinatous tendon, a developing delamination split in the infraspinatous, early interstitial tearing in subscapularis, glenohumeral capsulitis, degenerative wear of the superior labrum, cystic change in bone at the attachment of the biceps labral anchor, and minor downsloping of the acromion. Previous treatments included medication management, left shoulder arthroplasty, physical therapy, chiropractic treatments, and home exercise program. Report dated 01/19/2015 noted that the injured worker presented with complaints that included bilateral shoulder pain. Pain level was rated as 6-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/22/2015 non-certified a prescription for initial evaluation for functional restoration program-chronic left shoulder pain, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Initial evaluation for Functional Restoration Program-(chronic left shoulder pain):**

Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (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 documentation that other methods for treating the patient's pain have been unsuccessful as well as an indication that the patient has lost the ability to function independently in her previous capacity. Documentation states that there are no other treatment options available, that the patient has motivation to change, and that negative predictors of success are not present. Guidelines recommend documentation of an adequate and thorough evaluation including baseline functional testing, but this would be performed during the evaluation. As such, the currently requested functional restoration program evaluation is medically necessary.