

<b>Case Number:</b>	CM15-0055950		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 26 year old male, who sustained an industrial injury on 8/23/2010. He reported a fall from a ladder. The injured worker was diagnosed as having major depression, closed clavicle fracture, cervical degenerative disc disease, headache, and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included cervical traction, TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. In a progress note dated 2/24/2015, the injured worker complains of right sided neck pain, head pain and right shoulder pain. The treating physician is requesting 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, 2 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

**Decision rationale:** The patient was injured on 08/23/2010 and presents with pain in his cervical spine and right shoulder. The request is for a FUNCTIONAL RESTORATION PROGRAM FOR 2 WEEKS. The utilization review denial rationale is that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain. The RFA is dated 02/26/2015 and the patient is not currently working. Regarding Functional Restoration Programs, MTUS Guidelines page 49 states "There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes." The treater states that a Functional Restoration Program is the best means to achieving rehabilitation goals. The patient demonstrates the potential to achieve a significantly higher level of function. If not treated in a comprehensive manner, this patient is at risk for continued deconditioning, a spiral decreasing function, and worsening of symptoms. The focus of treatment should be on developing transferrable skills for self treatment to decrease reliance on further medical care and maximize functional abilities. Prognosis for improvement is good. The patient is motivated to return to work. The patient is not interested in pursuing surgical options. The patient has had a trial of physical therapy and lacks the necessary functional abilities to return to usual and customary work duties and be independent in ADLs. MUTS Guidelines page 49 indicates that there is "little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation," for shoulder and neck pain. In this case, the patient presents with cervical spine pain and right shoulder pain for which FRP is not supported per MTUS. Therefore the requested 2-week trial of Functional Restoration Program is not medically necessary.