

<b>Case Number:</b>	CM15-0058562		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 61 year old female, who sustained an industrial injury on 2/12/2013. She reported cumulative injury from repetitive lifting, reaching, and overhead actions. The injured worker was diagnosed as having left shoulder pain, status post left shoulder arthroplasty on 9/09/2013, ongoing left shoulder adhesive capsulitis, cervical myofascial pain, diabetes, and depression. Treatment to date has included surgical intervention, physical therapy, psychology, acupuncture, home exercise program, and medications. Currently, the injured worker complains of a pain and depression. Current medications included Cymbalta, Motrin, Topamax, and Lidocaine ointment. HELP evaluation was completed on 10/30/2014 and they found that she would be an excellent candidate for the program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 80 hours with the HELP [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-2, 49.

**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 have been addressed. Within the medical information available for review, the appeal letter clarifies that the missing criteria noted above have now been met. In light of the above, the currently requested functional restoration program is medically necessary.