

<b>Case Number:</b>	CM15-0082551		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Massachusetts

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 44-year-old female, who sustained an industrial injury on 10/10/2013. She reported right shoulder pain with knots in the shoulder blades due to repetitive reaching and computer work. The injured worker was diagnosed as having chronic right upper extremity pain. Treatment to date has included diagnostics, medications, trigger point injections, physical therapy, chiropractic, massage, acupuncture, and participation in a functional restoration program. Prior approval was noted for 16 days participation in functional restoration program (on 2/20/2015) and 10 days (on 4/02/2015) to total 26 days in a functional restoration program. The progress report for week 5 (4/6-4/9/2015) noted that the injured worker reported ongoing benefit from learned strategies. Currently (4/13-4/16/2015), the injured worker reported ongoing benefit from learned strategies. She reported decreased physical sensation of pain and emotional distress from pain. She was making good psychological progress and was able to recognize triggers for depression and verbal aggressiveness. The treatment plan included an additional 4 days participation in a functional restoration program (to total 30 days), with a post program goal of returning to work, or transfer to a new position with her current employer. Medication adjustment progress was unchanged for several weeks. Zung Anxiety/Depression scores were decreased from weeks 1-6 and functional improvements were noted weeks 1-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional functional restoration, M-TH, 8:30-3:00 (QTY=DAYS) QTY: 4.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 49.

**Decision rationale:** The claimant sustained a work-related injury in October 2013 and continues to be treated for chronic right upper extremity pain. She has participated in 26 functional restoration treatments with reported benefit. When seen, she was preparing to return to work. There was concern regarding the ergonomic of her workstation and an additional 4 sessions was requested for endurance exercise training with biofeedback. In terms of Functional Restoration Programs, guidelines recommend that the treatment duration should generally not exceed 20 full- day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the rationale for the requested additional four days is clear and the goals as outlined are reasonable. The request should be considered medically necessary.