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| <b>Case Number:</b>   | CM15-0088422 |                              |            |
| <b>Date Assigned:</b> | 05/12/2015   | <b>Date of Injury:</b>       | 07/20/2012 |
| <b>Decision Date:</b> | 06/19/2015   | <b>UR Denial Date:</b>       | 04/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/08/2015 |

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old male, who sustained an industrial injury on July 20, 2012. The injured worker was diagnosed as having cervical strain, radiculopathy and disc protrusion. bilateral rotator cuff tendinitis and impingement syndrome, left shoulder rotator cuff tear with arthroscopic decompression and debridement and bilateral wrist tendinitis with carpal tunnel syndrome. Treatment and diagnostic studies to date have included surgery and physical therapy. A progress note dated December 10, 2014 provides the injured worker complains of left shoulder and neck pain. Physical exam notes cervical tenderness with decreased range of motion (ROM). There is bilateral shoulder trapezius tenderness, right shoulder impingement and decreased range of motion (ROM). There is tenderness and bilateral positive Phalen's sign. The plan includes home exercise injection and 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 six visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. (3) The patient has a significant loss of ability to function independently resulting from the chronic pain. (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. (6) Negative predictors of success above have been addressed. MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time." "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." And "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical documentation provided did not provide sufficient information to warrant certification for a full program without an initial trial. Treatment notes do not clearly explain the rationale for a treatment program requested or the goals of treatment. As such, the request for Functional Restoration Program six visits is not medically necessary.