

<b>Case Number:</b>	CM14-0211781		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	07/05/2008
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabn

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 64-year-old male with a date of injury of 07/05/2008. His diagnoses include sprains of the shoulder and arm and shoulder bursae and tendon disorders not specified. His past treatments included physical therapy, acupuncture and psychiatric. Diagnostic studies were not included. The surgical history included right shoulder revision surgery 08/13/2010, right shoulder rotator cuff repair in 11/2008, right shoulder revision surgery 08/30/2012. The injured worker reported on 11/03/2014, with continued complaints of pain and discomfort in his right shoulder. The physical examination revealed tenderness to bilateral shoulders. The left shoulder had tenderness to palpation with painful range of motion and it was decreased by 40%. Deep tendon reflexes were 2+ and equal bilaterally in the upper extremities. Strength is decreased on the left side compared to the right side. His current medications are 1 tablet 4 times a day of Tylenol No. 4, Voltaren gel and Lidoderm patch for pain control on an as needed basis. Treatment plan is to continue the medication management as the medications do help improve his pain and function. The injured worker has received physical therapy, EMG and NCS. Encouraged the injured worker to do exercise at the no pain range. The request is for functional restoration evaluation related to the bilateral shoulders. The rationale is he has tried numerous treatments included therapy injection, acupuncture, as well as surgical treatment and is no longer a surgical candidate as he has exhausted all other conservative treatments. He is still having pain and discomfort. The Functional Restoration Program would help him adjust, adapt and cope with his chronic pain condition. The Request for Authorization dated 05/30/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration evaluation related to bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

**Decision rationale:** The request for functional restoration evaluation related to bilateral shoulders is not medically necessary. The injured worker has chronic right shoulder pain. According to the guidelines, Functional Restoration Programs are recommended, although the research is still ongoing as to how to most appropriately to screen for inclusion in these programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation dated 05/30/2014 indicates the injured worker had a functional status evaluation and the injured worker was still noted to have limitations with heavy lifting, pushing or pulling activities and the injured worker is still on a modified work program with limitations of no pushing or pulling of more than 5 pounds, with occasional over the shoulder reaching. The request is for a functional restoration evaluation. However, according to documentation he has already received the functional status evaluation. There were inconsistencies and lack of documentation of the injured worker's abilities. Therefore, the requested evaluation is not medically necessary.