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| <b>Case Number:</b>   | CM14-0213171 |                              |            |
| <b>Date Assigned:</b> | 12/30/2014   | <b>Date of Injury:</b>       | 11/07/2008 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 12/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2014 |

### 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: California

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:

According to the records made available for review, this is a 55-year-old male with an 11/7/08 date of injury. At the time (12/12/14) of the Decision for 85 additional hours of functional restoration program, there is documentation of subjective (upper extremity pain) and objective (decreased right shoulder range of motion, atrophy of distal left lower extremity, and antalgic gait) findings, current diagnoses (right shoulder derangement and status post right shoulder right shoulder arthroscopic subacromial decompression), and treatment to date (154 hours of function restoration program, physical therapy, and medications). Medical reports identify that following 6 weeks of functional restoration program, patient feels physically stronger, exercises more, has better posture, has more physical endurance, patient demonstrated 90% of range of motion during a squat without assistive device, 40% of range of motion during a lunge with both feet forward, and has improved functional lifting with 16.5 pounds floor to waist as well as waist to shoulder. There is no documentation of a clear rationale for the specified extension and reasonable goals to be achieved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**85 additional hours of functional restoration program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder derangement and status post right shoulder right shoulder arthroscopic subacromial decompression. In addition, there is documentation of 154 hours of functional restoration program completed to date, subjective gains, and objective gains. Furthermore, given documentation that the patient demonstrated 90% of range of motion during a squat without assistive device, 40% of range of motion during a lunge with both feet forward, and improved functional lifting with 16.5 pounds floor to waist as well as waist to shoulder, there is documentation of functional benefit and increase in activity tolerance reduction as a result of functional restoration program completed to date. However, given documentation of a request for additional 85 hours of functional restoration program, which in addition to the hours already completed would exceed guidelines, there is no documentation of a clear rationale for the specified extension and reasonable goals to be achieved. Therefore, based on guidelines and a review of the evidence, the request for 85 additional hours of functional restoration program is not medically necessary.