

<b>Case Number:</b>	CM14-0073165		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male, who sustained an industrial injury on 3/5/13. The injured worker has complaints of right shoulder pain with difficulty raising right arm. The diagnoses have included pain, shoulder. Treatment to date has included chest X-ray; bilateral upper extremity veonography; surgery for possible thoracic outlet syndrome; status post rib resection on 5/20/13; physical therapy and medications. The request was for one consultation for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Consultation for functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) - Page(s): 30-33.

**Decision rationale:** One Consultation for functional restoration program is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a

candidate for a consultation must be a patient where treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Additionally, the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. The negative treatment indicators of success include high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability. The documentation indicates that the patient has depression and anxiety but there is no indication that this was addressed or that the patient has had any psychological intervention. The documentation does not indicates that the patient a significant inability to function. Furthermore, the documentation does not indicate that the patient exhibits motivation to change. For all of these reasons the request for a consultation to a functional restoration program is not medically necessary.