

<b>Case Number:</b>	CM15-0012565		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 22, 2011. In a utilization review report dated December 26, 2014, the claims administrator failed to approve a functional restoration program. The applicant personally appealed, in a letter dated January 9, 2015. The applicant stated that she had not completed 8 sessions of physical therapy authorized. The applicant stated she had only completed three of the eight sessions of physical therapy recently approved. The applicant stated that she wished for the decision be 'stayed' until such time as she had completed her eight-session course of physical therapy. In a December 15, 2015 RFA form, the functional restoration program at issue was proposed. In an associated progress note dated December 15, 2014, the applicant reported ongoing issues with shoulder, elbow, and upper extremity pain. The applicant was asked to continue Norco for pain relief. A functional restoration program was proposed. The applicant was reportedly depressed, it was noted. Overall documentation was sparse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program with Dr. [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the proposed functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program is evidence that an applicant is motivated to change and willing to forego secondary gains, including disability and/or indemnity benefits, in an effort to try to and improve. Here, however, there was no mention of the applicant's willingness to forego secondary gains, including disability benefits, in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that another cardinal criteria for pursuit of a functional restoration program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, as the applicant herself acknowledged, she is yet to complete previously authorized physical therapy. Additional physical therapy, thus, could potentially generate some benefit here. The applicant, moreover, has a variety of mental health issues, including anxiety and depression. These issues did not appear to have been adequately addressed. The applicant was not described as using psychotropic medications on or around December 15, 2014, i.e., on or around the date the functional restoration program was proposed. It does not appear, in short, that all available options have been exhausted here. Therefore, the request was not medically necessary.