

<b>Case Number:</b>	CM15-0016220		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 34 year old male/female, who sustained a work/ industrial injury as a foreman/supervisor on 10/22/13 while pulling a pump valve that was stuck and the pressure threw his arm back. He has reported symptoms of right shoulder pain. Prior medical history was noncontributory. The diagnoses have included chronic right shoulder pain. Diagnostics included an MR I to demonstrate mild rotator cuff tendinosis, a low-lying acromion and mild narrowing in the lateral supraspinatus outlet. Treatment to date has included physical therapy, work hardening, medication trials, injections, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The treating physician reported overall improvement with pain rated at 2-3/10. There was numbness and tingling in the shoulder along with increased pain with activity, difficulty performing activities of daily living (ADL's), sleep disturbance, and frequent headaches. Medications included Voltaren gel1%, Zanaflex, Ultram, Celebrex, Flexeril, and Namumetone. A functional restoration program was requested as treatment. On 1/1/15, Utilization Review non-certified 10 Initial Sessions of a Functional Restoration Program, noting the Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten initial sessions of a 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 9792.20-.26 Page(s): 74-96.

**Decision rationale:** According to the MTUS Functional Restoration Programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs, a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient selection criteria for identification of patients that may benefit from early intervention via a multidisciplinary approach include: 1. The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. 2. The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. 3. There is a previous medical history of delayed recovery. 4. The patient is not a candidate where surgery or other treatments would clearly be warranted. 5. Inadequate employer support. 6. Loss of employment for greater than 4 weeks. In this case the injured worker does not meet criteria. The documentation doesn't support that the patient has excessive pain behavior and/or complaints compared to that expected from the diagnosis.