

<b>Case Number:</b>	CM15-0017341		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42-year-old female who reported an injury on 11/04/2011. The injured worker was reportedly injured while assisting in a delivery. Previous conservative treatment includes medication management, activity modification, and physical therapy. The current diagnosis is chronic pain. The injured worker presented on 12/02/2011 for a functional restoration program evaluation. It was noted that the injured worker underwent a number of treatments, including 3 surgeries. The injured worker underwent a right cubital tunnel release on 03/06/2012. The injured worker has also been treated with a number of nerve root injections. The injured worker presented with complaints of upper back/shoulder pain. Upon examination, the injured worker was unable to lift the arm greater than 65 degrees without pain. It was determined that the injured worker would benefit from a functional restoration program. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program x160 hours:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. Total treatment duration should not generally exceed 20 full day sessions. According to the documentation provided, the injured worker has exhausted conservative treatment. However, the current request for an initial 160 hours exceeds guideline recommendations. The California MTUS Guidelines state treatment is not supported for longer than 2 weeks without evidence of compliance and objective functional improvement. Additionally, there was no documentation of a significant loss of the ability to function independently. Given the above, the request is not medically appropriate.