

<b>Case Number:</b>	CM15-0017369		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/08/2015
<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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on July 2, 2004. She has reported chronic progressive pain in her right upper extremity from cumulative trauma. She had initially worked after her injury. The diagnoses have included bilateral trapezius myofascial strain and spasms, right shoulder pain status post arthroscopic rotator cuff repair and right carpal tunnel release. Treatment to date has included diagnostic studies, physical therapy, acupuncture, chiropractic treatment, TENS unit, steroid joint injections, surgery and medications. Currently, the injured worker complains of pain in the bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists and bilateral hands. She rated the pain as a 7 on a 1-10 pain scale. The pain is aggravated by reaching, doing overhead activities, lifting and carrying items. The pain is relieved with resting and lying down. She reported physical therapy provided her with moderate pain relief. The acupuncture and chiropractic treatments offered no significant relief of pain. She avoids physically exercising and performing household chores because of her pain. On January 7, 2015 Utilization Review non-certified a referral to Functional Restoration Program, noting the CA MTUS Guidelines. On January 29, 2015, the injured worker submitted an application for Independent Medical Review for review of referral to Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to functional restoration program:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

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

**Decision rationale:** According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant has been working and indicating a desire to improve function. She has undergone surgery and though her pain has improved it still causes significant limitations. She has significant chronic pain and loss of function- particularly lifting, bending, reaching, etc. The request for an FRP is appropriate and medically necessary.