

<b>Case Number:</b>	CM15-0173453		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, North Carolina  
 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 31 year old female, who sustained an industrial injury on September 03, 2013. The injured worker was diagnosed as having shoulder pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder, at least four steroid injections to the shoulder, status post shoulder surgery, physical therapy with an unknown quantity, medication regimen, and use of ice and heat. In a progress note dated August 04, 2015 the treating physician reports complaints of constant, aching, and cramping pain that interferes with her sleep. Examination on August 04, 2015 was revealing for decreased range of motion to the right shoulder and pain on palpation to the supraspinatus tendon. On August 04, 2015 the injured worker's pain level was rated a five. On August 04, 2015 the treating physician requested an evaluation with a functional restoration program noting that the injured worker would have reconditioning for work, along with noting that this program would be "excellent at returning patients to employable and competitive functionality". The treating physician further noted that an evaluation is requested to assess if the injured worker is a "good candidate for a functional restoration program." On August 25, 2015 the Utilization Review determined the request for an evaluation with a functional restoration program to be not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with a functional restoration program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The CA MTUS/ACOEM Guidelines state a number of functional assessment tools are available, including functional capacity exams when reassessing function and functional recovery. In this case, according to the provider's notes, the provider indicates an evaluation for a functional restoration program to determine if the patient is a good candidate for a functional restoration program. In this case, the history and documentation do not support the request. Additional evaluation including an EMG/NCV was recommended, however the outcome of these requests is unknown. The medical necessity of a functional restoration program prior to completion of other reasonable work-up and treatment is not clearly demonstrated and is therefore not medically necessary or appropriate.