

<b>Case Number:</b>	CM15-0179604		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/05/2005
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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 44 year old female, who sustained an industrial injury on 9-5-05. The injured worker was diagnosed as having left shoulder internal derangement; chronic low back pain; greater trochanteric bursitis. Treatment to date has included status post left shoulder open and an arthroscopic reconstruction shoulder (2006); physical therapy; Functional Restoration Program Evaluation (8-10-15); medications. Currently, the PR-2 notes dated 8-10-15 are for a Functional Restoration Program" Evaluation. These notes indicated the injured worker is currently prescribed Norco 20mg qid for pain relief. The documentation notes she received "an intraarticular shoulder steroid injection which has minimal benefits, lasting only for two to three weeks. Recently, she received a repeat intraarticular steroid injection from her current treating physician. He recommended evaluation for a functional restoration program." These notes document "In addition, the patient complains of pain in the lateral aspects of bilateral hips, which has been attributed to greater trochanteric bursitis. She ambulates with a single-point cane and indicates that this is a result of her long-standing low back pain." The documentation indicates her pain complaints are listed in order of severity as follows: "Left shoulder pain: The focus of pain is on the anterior shoulder, in streak fashion encompassing the left AC Joint. She describes this pain as a constant 'achy and occasionally stabbing' pain which she rates at 8 out of 10." Next on the list is "Bilateral hip pain: The focus of pain appears to be on the lateral aspects and the area that would correspond to the greater trochanteric bursa. The severity appears to be worse on the right side. She rates this pain at 8 out of 10." She also has low back symptoms documented as "The pain is described as a primarily axial 'diffuse, shooting' pain that would normally extend

superiorly into upper buttocks area. The pain is rated at 6 out of 10. There is not radiation into the bilateral lower extremities, subjective sensory deficits (numbness and tingling) or subjective weakness in bilateral lower extremities." She also complains of right foot and ankle pain documented as "The patient also has had recent industrial injury during which he twisted his right ankle. X-rays were taken about four weeks ago and did not reveal any bony pathology. He was in a walking boot and received conservative treatment with moderate improvement." She reports she has had physical therapy. A Request for Authorization is dated 9-11-15. A Utilization Review letter is dated 9-10-15 and modification for certification for a Functional Restoration Program for the left shoulder 27 hours per week for 6 weeks, quantity: 162 hours to 80 hours using the CA MTUS guidelines. The provider is requesting authorization of Functional Restoration Program for the left shoulder 27 hours per week for 6 weeks, quantity: 162 hours.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional Restoration Program for the left shoulder 27 hours per week for 6 weeks, quantity: 162 hours:** 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 California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic 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. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. 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. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003)

Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request is for 6 weeks and therefore cannot be certified, as it does not meet guideline recommendations. The request Is not medically necessary.