

<b>Case Number:</b>	CM15-0099557		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Texas, 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:

This 37-year-old female sustained an industrial injury to the right shoulder on 7/30/12. Previous treatment included right shoulder arthroscopy with debridement (2/2012), physical therapy, acupuncture, chiropractic therapy, cognitive behavioral therapy, injections and medications. Magnetic resonance imaging right shoulder (1/2/13) showed a near full thickness tear of the supraspinatus tendon and a tear of the superior anterior labrum. In an orthopedic evaluation dated 3/6/15, the physician recommended physical therapy to the neck and bilateral shoulders, injections, self-directed pool exercise and participation in a functional restoration program. In a supplemental report dated 4/14/15, the injured worker complained of neck and bilateral shoulder pain. Physical examination of the cervical spine and bilateral shoulder revealed tenderness on palpation and limited range of motion. The injured worker reported ongoing decrease in function and activities of daily living. The injured worker was not able to perform many activities of daily living at home or return to any level of work. Current diagnoses included shoulder joint pain. The treatment plan included an initial evaluation, physical therapy, functional restoration program. The medication list includes valium, Norpramine, Butrans patch and Lidocaine gel. Patient has received an unspecified number of PT, chiropractic, CBT and acupuncture visits for this injury. The patient sustained the injury when she was moving 40-pound box. The patient has had history of anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation at [REDACTED] functional restoration program: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), page 30-32, Chronic pain programs (functional restoration programs).

**Decision rationale:** Request: Initial evaluation at [REDACTED] functional restoration program According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (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. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines criteria for the general use of multidisciplinary pain management programs-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; (6) Negative predictors of success above have been addressed. Previous treatment included right shoulder arthroscopy with debridement (2/2012), physical therapy, acupuncture, chiropractic therapy, cognitive behavioral therapy, injections and medications. Magnetic resonance imaging right shoulder (1/2/13) showed a near full thickness tear of the supraspinatus tendon and a tear of the superior anterior labrum. In an orthopedic evaluation dated 3/6/15, the physician recommended physical therapy to the neck and bilateral shoulders, injections, self-directed pool exercise and participation in a functional restoration program. In a supplemental report dated 4/14/15, the injured worker complained of neck and bilateral shoulder pain. Physical examination of the cervical spine and bilateral shoulder revealed tenderness on palpation and limited range of motion. The injured worker reported ongoing decrease in function and activities of daily living. The injured worker was not able to perform many activities of daily living at home or return to any level of work. The medication list include valium, Norpramin, Butran patch and Lidocaine gel. Patient has received an unspecified number of PT, chiropractic, CBT and acupuncture visits for this injury. The patient sustained the injury when she was moving 40-pound box. The patient has had history of anxiety and depression. The pt has chronic pain beyond the expected time for recovery. Patient is on multiple medications. An initial one time EVALUATION to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time The request for Initial evaluation at [REDACTED] functional restoration program is medically necessary and appropriate for this patient.