

<b>Case Number:</b>	CM13-0043577		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/20/2009
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 61-year-old male, who sustained an industrial injury on 6/20/09. The injured worker has complaints of left shoulder pain and low and mid back region. The documentation noted that the injured worker is upset emotionally and sometimes has difficulty handling his chronic pain condition. The injured worker has decreased strength and decreased range of motion. The diagnoses have included lumbosacral sprain/strain injury; lumbosacral disc injury; back injury dated 12/16/86 and multilevel lumbosacral spondylosis. Treatment to date has included magnetic resonance imaging (MRI) on 12/16/11 showed left rotator cuff tear, tendonitis and subluxation; left shoulder rotator cuff surgical repair on 5/21/11; left shoulder surgery on 2/5/14; physical therapy; home exercise program; sling and cortisone injections. The request was for Functional Restoration Program, once a week for two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM, ONCE A WEEK FOR TWO (2) WEEKS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

**Decision rationale:** Based on the 10/01/13 progress report provided by treating physician, the patient presents with low back and left shoulder pain. The patient is status post left shoulder rotator cuff surgical repair on 05/21/11, and 02/05/13. The request is for FUNCTIONAL RESTORATION PROGRAM, ONCE A WEEK FOR TWO (2) WEEKS. RFA not provided. Patient's diagnosis on 10/11/13 included left shoulder internal derangement; left shoulder rotator cuff injury with persistent pain and discomfort with rotator cuff tear, tendonitis and subluxation per MRI study on 12/16/11; lumbosacral sprain/strain injury, lumbosacral disc injury; multilevel lumbosacral spondylosis; and myofascial pain syndrome. Treatment to date included surgeries, imaging studies, physical therapy, home exercise program, sling, cortisone injections and medications. Patient's medications include Lyrica and Naproxen. Per 09/10/13 report, the patient is recommended modified work. Treatment reports were received from 04/08/11 - 10/01/13. Regarding Pain Management / Functional Restoration Programs: MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including; (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain. (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). Per 10/01/13 progress report, treater states; "As the patient had tried numerous treatments including therapy, cortisone injection, surgery and his is still quite symptomatic with pain and discomfort with loss of function, so I have recommended the patient to be evaluated for Functional Restoration Program [REDACTED] [REDACTED] evaluation and treatment." There is no documentation of prior FRP the patient may have attended. Given patient's symptoms, the request for functional restoration program would appear reasonable. However, there is no thorough evaluation regarding the patient's candidacy for FRP. There are no discussions of negative predictors, the patient's secondary gain issues, motivation to change and improve, nor any potential for surgical needs. Criteria for admission into FRP, as required by MTUS have not been addressed. Therefore, the request IS NOT medically necessary.