

Case Number:	CM13-0003002		
Date Assigned:	12/04/2013	Date of Injury:	08/03/2011
Decision Date:	01/16/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 36-year-old female who reported an injury on 08/03/2011. The patient was recently seen by [REDACTED] on 09/26/2013. The patient is currently diagnosed with brachial plexus lesions. The patient presented with complaints of right upper extremity pain secondary to thoracic outlet syndrome. Physical examination revealed normal and non-antalgic gait. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints; Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49, 30-34.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. As per the clinical notes submitted, the patient has participated in a functional restoration program. It was noted that the patient has managed to incorporate and utilize cognitive behavioral techniques in coping with and managing her chronic pain. The medical necessity for an additional 6 sessions has not been established. The patient is compliant with a home exercise program. The

request for six sessions of a functional restoration program is not medically necessary or appropriate.