

Case Number:	CM13-0014752		
Date Assigned:	12/13/2013	Date of Injury:	02/14/2012
Decision Date:	02/12/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/21/2013

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old female who reported an injury on 02/14/2011 after a client that she had assisted fell backwards, she attempted to lift the client, which caused acute onset of pain in the left shoulder, left elbow, neck, and low back. The patient completed 108 hours of a functional restoration program with increased functional capabilities, a decrease in medications, and a 55% reduction of symptoms of anxiety and depression. The patient's most recent clinical examination findings included cervical spine range of motion at 50% of flexion, 25% of extension, and 50% of bilateral rotation. Physical findings of the lumbar spine included range of motion described as 90% of flexion, 50% of extension, and 75% of bilateral bending with an improvement of approximately 20% during program participation. An upper extremity examination revealed shoulder flexion described as 145 degrees on the right and 60 degrees on the left with abduction at 145 degrees on the right and 50 degrees on the left. The patient's treatment plan included 52 additional hours over a 10 day period of participation in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 10 Days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs)

Decision rationale: The requested [REDACTED] Functional Restoration Program x10 days is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends the treatment of a functional restoration program not to exceed 20 full days of treatment or the part time equivalent. The clinical documentation submitted for review does provide evidence that the patient has participated in a total of 108 hours. Official Disability Guidelines recommend a total of 160 hours of treatment as an appropriate duration of time to address patient's deficits. The clinical documentation submitted for review does provide evidence that the patient has continued deficits that could be addressed by additional program treatment. The clinical documentation does include specific goals and timelines for the patient. It is noted within the documentation that the additional 10 days that are requested present the remaining 52 hours of program duration. This additional time in combination with the patient's already completed 108 hours is equal to the guideline recommendation of 160 hours. As the patient has made significant progress and continues to have deficits that could be addressed within duration of time recommended by guideline recommendations, the additional 52 hours would be supported. As such, the requested [REDACTED] Restoration Program x10 days is medically necessary and appropriate.