

Case Number:	CM13-0030170		
Date Assigned:	11/27/2013	Date of Injury:	10/15/2010
Decision Date:	01/16/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/26/2013

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 Anesthesiology, has a subspecialty in Pain Medication 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 58-year-old male who reported an injury on 10/15/2010. The mechanism of injury was not provided for review. The patient was initially treated conservatively with activity modification, physical therapy, medications, and rest. The patient had persistent pain and ultimately underwent right hip arthroscopy. The patient was treated post surgically with physical therapy, medications, and multiple injections without any pain relief. The patient entered into a multidisciplinary program in an attempt to restore pre-injury function. The patient made significant functional gains during treatment. The patient's treatment plan was continuation of the Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Week 5 for Functional Restoration Program for 5 days QTY: 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Programs (functional restoration programs), Page(s): 30-33.

Decision rationale: California Medical Treatment Utilization Schedule recommends treatment parameters be limited to 20 full day sessions. California Medical Treatment Utilization Schedule

states, "Treatment Final Determination Letter for IMR Case Number [REDACTED] duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes and should be based on chronicity of disability and other known risk factors for loss of function." The clinical documentation submitted for review does not provide evidence that treatment beyond the recommended 20 sessions is necessary. Although the patient has made significant functional gains as result of the prior treatment, the need for a longer duration of treatment was not specifically addressed. As such, the requested week 5 for Functional Restoration Program for 5 days is not medically necessary or appropriate.

Functional Restoration Program for 5 days QTY. 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs), Page(s): 30-33.

Decision rationale: California Medical Treatment Utilization Schedule recommends treatment parameters be limited to 20 full day sessions. California Medical Treatment Utilization Schedule states, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes and should be based on chronicity of disability and other known risk factors for loss of function." The clinical documentation submitted for review does not provide evidence that treatment beyond the recommended 20 sessions is necessary. Although the patient has made significant functional gains as result of the prior treatment, the need for a longer duration of treatment was not specifically addressed. As such, the requested Functional Restoration Program for 5 days QTY: 5.00 is not medically necessary or appropriate.