MAXIMUS Federal Services

Case Number:	CM13-0032727		
Date Assigned:	12/06/2013	Date of Injury:	11/08/2010
Decision Date:	02/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Rehabiliation has a subspecialty in Pain Management and is licensed to practice in Ohio and Texas. 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 38-year-old female who reported injury on 11/08/2010. The mechanism of injury was not provided. The patient was noted to have returned to the physician for lumbar spine injury and right knee injury status post arthroscopic surgery. The patient was noted to be taking all her medications without side effects. The patient was noted to have no motor or sensory deficit and no gait or equilibrium disturbances. The patient's diagnoses were noted to include lumbar spine sprain, bilateral hip sprain, right knee injury status post arthroscopic surgery, insomnia, anxiety and depression doing better, diabetes mellitus and elevated blood pressure/hypertension. The request was made for participation in a functional restoration treatment program, anti-inflammatories, continued medication use, and physical therapy, chiropractic treatment and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Participation in a functional restoration treatment program between August 8, 2013 and November 3, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 32.

Decision rationale: The California MTUS Guidelines recommend a functional restoration program in part when a patient has had an adequate and thorough evaluation including baseline function testing so followup with the same test can note functional improvement. There was a lack of documentation indicating the patient had a baseline functional test. As the patient did not meet the first requirement, the other requirements were not included. Additionally, there was a lack of documentation indicating the necessity for the requested treatment and a timeline including the number of sessions as the program is recommended for than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Given the above, the request for participation in a functional restoration treatment program between August 8, 2013 and November 3, 2013 is not medically necessary.