

<b>Case Number:</b>	CM13-0034847		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/24/2005
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & Rehabilitation and is licensed to practice in Oklahoma 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 54-year-old male who reported an injury on 12/24/2005. The mechanism of injury was not provided. The patient was noted to undergo 2 weeks of a Functional Restoration Program. The patient was noted to have made between 20% and 50% improvement on objective measures. The patient was noted to decrease the medication use. The patient's diagnoses were noted to include arm amputation, limb pain, and myofascial pain syndrome. The request was made for an additional 2 weeks (10 days) of a Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An additional two weeks of a functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS guidelines indicate treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should not exceed 20 full-day sessions. The clinical documentation submitted for review indicated the patient had participated in 3 weeks of a

Functional Restoration Program and had made subjective and objective gains. However, there was lack of documentation indicating the necessity for treatment past 5 days to equal 20 sessions as the patient was noted to participate in 3 weeks. As per California MTUS Guidelines, treatment duration in excess of 20 sessions requires a clear rationale for specified extensive and reasonable goals to be achieved. Additionally, it states 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. Given the above, the request for additional 2 weeks (10 days) of a Functional Restoration Program is not medically necessary.