

Case Number:	CM13-0038025		
Date Assigned:	12/18/2013	Date of Injury:	09/14/2009
Decision Date:	04/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 female who reported a work-related injury on 09/14/2009 after assisting a resident out of a bed and the resident became stiff and fell backwards, reportedly injuring the patient's right shoulder and upper back. There was no clinical documentation submitted with this request. A request has been made for functional restoration program evaluation and Functional Capacity Examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Capacity Evaluation.

Decision rationale: California Medical Treatment Guidelines for chronic pain state that chronic pain programs or functional restoration programs are recommended for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work and meet the patient's selection criteria. Guideline criteria or the general use of multidisciplinary pain management programs include an adequate and thorough evaluation of the

patient to include baseline functional testing, evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, evidence the patient has a significant loss of ability to function independently resulting from the chronic pain, evidence that the patient is not a candidate where surgery or other treatments would clearly be warranted and evidence that the patient exhibits motivation to change. There was no clinical documentation submitted with this request to include subjective or objective findings for the patient and any previous treatments for the patient. Therefore, the decision for functional restoration program evaluation is non-certified.