

Case Number:	CM13-0040833		
Date Assigned:	12/20/2013	Date of Injury:	07/03/2008
Decision Date:	06/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in 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 expert 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 injured worker is a 37-year-old who reported an injury on July 3, 2008 secondary to an unknown mechanism of injury. The injured worker was evaluated on September 16, 2013 for Functional Restoration Program progress report. The exam noted a decrease in the injured worker's Multidimensional Task Ability Profile from 84 to 82; for self-care from 100 to 96; for ADLs (activities of daily living) such as cooking and light housekeeping from 70 to 63. The injured worker's Epic Lift Capacity test indicated a decrease from 20 to 10 for the floor-to-waist lift. The injured worker' lumbar flexion increased from 20 to 22 degrees and extension increased from 10 to 15. The left shoulder range of motion extension decreased from 51 degrees to 43 degrees and rotation increased from 55 degrees to 63 degrees. The exam further noted the injured worker to be independent in home exercises and can demonstrate safe and proper techniques 100% of the time. The exam further stated the injured worker demonstrated safe and proper body mechanics with lifting and ADLs 100% of the time. The treatment plan included continued participation in the Functional Restoration Program. The request for authorization and rationale were not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT SESSIONS - 10 PART DAY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 49

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines may recommend a Functional Restoration Program when an adequate and thorough evaluation has been made including baseline functional testing so follow-up with the same test can note functional improvement. Guidelines further indicate treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The total treatment duration should generally not exceed 20 full-day sessions or the equivalent in part-day sessions if required by part-time work, transportation, child care, or comorbidities. Although the documentation provided does indicate a thorough functional evaluation with baseline functional testing having been completed, there was a significant lack of clinical evidence of the efficacy of the treatment such as functional gains and pain reduction. The request for pain management sessions, ten part day sessions, is not medically necessary or appropriate.