

Case Number:	CM13-0043533		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2012
Decision Date:	09/10/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/24/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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's original date of injury was July 22, 2012. The injured worker has diagnoses of cervicalgia, sprain of hand, psychogenic pain, depressive disorder, stress reaction. The worker has been participating in a functional restoration program, and hundred 20 hours were certified initially. The disputed request is for an additional 2 weeks of a functional restoration program which would involve 10 days total and 60 hours. A utilization review determination on October 21, 2013 denied this request. The rationale for the denial was that there is "no documentation of evidence of demonstrated efficacy as documented by subjective and objective gains following completion of the previously certified combined total of 120 contact hours."

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 2 WEEKS OF FUNCTIONAL RESTORATION PROGRAM 10 DAYS, 2 WEEKS, 60 HOURS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Section Page(s): 31-33.

Decision rationale: The relevant medical records were reviewed including a summary report after 90 contact hours of the functional restoration program. This report indicates that the start date of the functional restoration program was September 30, 2013 and the patient has been attending this program up until October 18, 2013. Subjectively, the patient reported sleeping better, walking more, lifting more weight, and decrease stress levels. Objective assessment of walking speed, walking distance, single-handed/doubled-handed carry, and lifting weight from floor to waist has all demonstrated improvement. It was noted that the report indicates that these measures are helpful for activities of daily living. It is noted that the definition of functional improvement as per Section 9792.20(f) of the MTUS includes both improvement in work restrictions and clinically significant improvement in activities of daily living. This report presents evidence of the latter. The request for continuation of the functional restoration program is recommended as medically necessary.