

Case Number:	CM13-0044137		
Date Assigned:	12/27/2013	Date of Injury:	09/11/2009
Decision Date:	06/09/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

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 Orthopedic Surgery and is licensed to practice in Oklahoma, Texas, California, and Tennessee. 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 patient is a 45 year old female whose date of injury is 09/11/2009. The patient reports that her foot jammed against a floor mat and she fell forward, landing on her knees, hands and face. Qualified medical evaluation dated 10/27/11 indicates that the patient reports injuries to the neck, left shoulder, bilateral knees, bilateral wrists, upper back and hands. She never returned to work. She has been treated with physical therapy which is not helpful. She has also had chiropractic treatment and acupuncture. Note dated 08/12/13 indicates that the patient underwent a cervical epidural steroid injection which provided no relief. Follow up psychiatric consultation report dated 09/17/13 indicates that diagnoses are depressive disorder and panic disorder with agoraphobia.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPSs), Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional restoration program is not recommended as medically necessary. There is no pre-program functional capacity evaluation/physical performance evaluation submitted for review to establish baseline levels of functioning as well as current versus required physical demand level. The patient's date of injury is over 4 years old. CA MTUS guidelines generally do not recommend functional restoration programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The request is nonspecific and does not indicate the frequency and duration of the requested treatment.