

Case Number:	CM13-0046147		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2012
Decision Date:	03/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 27 year old female who reported an injury on 02/21/2012 with the mechanism of injury being a cumulative trauma. The patient was noted to have medication use, physical therapy, acupuncture, and trigger point injections with minimal improvement. The patient was noted to remain in a deconditioned state and was noted to have a Functional Capacity Evaluation where the patient scored at a sedentary level. The patient's diagnoses were noted to include brachial plexus lesions, sprains and strains of the shoulder and upper arm, and sprains and strains of the shoulder and upper arm not otherwise specified. The request was made for an active rehabilitation program 2 times a week times 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

active rehabilitation program 2 times a week times 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so followup with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success have been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation indicated that that the patient had baseline functional testing. The clinical documentation submitted for review indicated the request was made for 2 part-day sessions per week for 12 weeks with a total of 48 hours. However, the request as submitted, was noted to be for 2 times a week times 12 weeks. There was a lack of clarification per the submitted request, indicating the number of hours being requested. As such, the request for active rehabilitation program, 2 times a week times 12 weeks, is not medically necessary.