

Case Number:	CM13-0046761		
Date Assigned:	06/09/2014	Date of Injury:	11/19/2009
Decision Date:	07/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 Psychiatry 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 45 year old female whose date of injury is 11/19/2009. The mechanism of injury is described as cumulative trauma. A psychiatric progress note dated 04/03/13 indicates that she is back working six hours per day. A note dated 07/02/13 indicates that she would like to return to work without restrictions. She underwent trigger point injections on this date. Treatment to date is noted to include physical therapy, injections and acupuncture. A note dated 08/07/13 indicates that the injured worker is adapting to work and has asked her orthopedic doctor to put her on no restrictions. Diagnoses are chronic pain syndrome, myofascial pain, complex regional pain syndrome, rotator cuff tendinopathy, depression, anxiety and closed head injury in March 2013 after a fall at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP - 15 PART TIME DAYS - TRIAL FOR THREE (3) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

Decision rationale: There is no current functional capacity evaluation or mental health evaluation submitted for review as required by the MTUS Chronic Pain Guidelines to establish baseline levels of functioning, current versus required physical demand level and the injured worker's appropriateness for this program. The injured worker's current work status is not documented. The submitted records indicate that the injured worker has previously returned to modified duty and asked to be released to full duty work. The request is not medically necessary and appropriate.