

<b>Case Number:</b>	CM13-0046907		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Management, 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:

This is a patient with a date of injury of 6/11/11. The patient had completed only one week of the requested functional restoration program as she suffered a bronchitis condition for which she sought medical help at a hospital. It was discussed that the patient should continue with the second week of the program, which was already authorized, and improvement could be evaluated at that time. A medical report corresponding to the first week of treatment (10/14/13 to 10/18/13) identifies that the patient has made some improvement in activity tolerance as well as frequency of lifting and carrying activities. She is able to spend more time on the treadmill and other physical activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWO (2) ADDITIONAL WEEKS OF FUNCTIONAL RESTORATION PROGRAM - FIVE (5) DAYS A WEEK FOR TWO (2) WEEKS (TOTAL OF 60 HOURS) AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, .

**Decision rationale:** The California MTUS notes that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the documentation available for review, the patient had completed only the first week of the program when she had to temporarily discontinue the treatment and seek medical treatment for bronchitis. There was some improvement noted after the first week of the program; however, no indication of continued improvement from the second authorized week of the program has been identified to demonstrate the appropriateness of ongoing treatment beyond the first two weeks. As such, the request is not medically necessary.