

Case Number:	CM13-0050592		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2008
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 injured worker is a 46-year-old male with a date of injury of July 8, 2013. The patient fell off of a wallboard on to the ground and landed on his right side. His body regions of injury include the hands, wrists, ribs, and right hip. Conservative treatment has consisted of physical therapy, bracing, acupuncture, oral and topical pain medications, occupational therapy for the wrist, and functional restoration program. A utilization review determination on October 22, 2013 noncertified the request for a functional restoration program evaluation requested on October 3, 2013. The rationale for this denial was that the patient had previously attended 38 sessions of functional restoration program in 2011 and there was no indication of "any significant improvement from this or other treatments to date."

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: 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 Functional Restoration Program Page(s): 31-33.

Decision rationale: In the case of this injured worker, there is documentation of previous attendance in a functional restoration program. A utilization review determination on October 22, 2013 noncertified the request for a functional restoration program evaluation requested on October 3, 2013. The rationale for this denial was that the patient had previously attended 38 sessions of functional restoration program in 2011 and there was no indication of "any significant improvement from this or other treatments to date." A progress note on date of service December 23, 2013 documents that the injured worker was admitted to a functional restoration program. At certain points the patient was felt to be making some "slow but reasonable progress." However, after the conclusion of this program the patient's functional status did not appear to be significantly improved. The patient continues to be hampered by psychiatric comorbidities, morbid obesity, and other factors. Therefore, given the previous lack of functional improvement with a previous course of functional restoration, the current request is not medically necessary and appropriate.