

Case Number:	CM13-0063261		
Date Assigned:	12/30/2013	Date of Injury:	01/02/2005
Decision Date:	04/17/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 01/02/2005 after she lifted a box of heavy files. The patient reportedly sustained an injury to her cervical spine which ultimately resulted in cervical fusion from the C5 to the C6. The patient also developed a right knee injury. The patient's pain was managed with medications, injections, and activity modifications. The patient underwent a psychological evaluation and Functional Capacity Evaluation that determined the patient had deficits that would benefit from entrance into a functional restoration program. A request was made for 32 days of functional restoration program consisting of 5 hours per day for 4 days for a total of 120 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

32 days functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional Restoration Programs).

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

Decision rationale: The requested 32 days of a functional restoration program are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a 10

day trial or the equivalent of a 10 day trial if part time participation is needed. The clinical documentation submitted for review does indicate that this patient is an appropriate candidate for a functional restoration program; however, the requested 32 days of a functional restoration program exceed guideline recommendations of a trial. There is no documentation that the patient has previously participated in a functional restoration program; therefore a trial would be appropriate for this patient. However, the requested 32 days exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 32 days of a functional restoration program are not medically necessary or appropriate.