

Case Number:	CM13-0069922		
Date Assigned:	01/03/2014	Date of Injury:	09/15/2009
Decision Date:	05/28/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 29-year-old male who reported an injury on 10/15/2009. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back and knees. The injured worker's treatment history included physical therapy, medications, and a home exercise program. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker had very poor body mechanics, significantly restricted range of motion of the right knee and low back. It was documented that a functional restoration program would benefit the injured worker to increase his work tolerance to a full 8 hours per day. It was noted that a psychological assessment provided continued levels of depression and anxiety. It was documented that the injured worker was highly motivated and would be considered an excellent candidate for participation in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY TWO (32) DAY FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (FUNCTIONAL RESTORATION PROGRAMS).

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

Decision rationale: The requested 32 day functional restoration program is not medically necessary or appropriate. The clinical documentation submitted for review does include an assessment of the injured worker's deficits and includes a quantitative evaluation. It is also noted within the documentation that the injured worker is motivated and would benefit from a functional restoration program. California Medical Treatment Utilization Schedule recommends functional restoration programs be limited to 2 week intervals with continued treatment based on significant functional gains. The requested 32 days of a functional restoration program exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 32 day functional restoration program is not medically necessary or appropriate.