

Case Number:	CM14-0000848		
Date Assigned:	01/22/2014	Date of Injury:	08/03/2007
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Sports Medicine, 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 57-year-old female who reported an injury on 08/03/2007 to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her hands, wrists, and right elbow. The injured worker's treatment history included twenty (20) days of a functional restoration program that provided symptom improvement. A team conference report for week seven (12/03/2013 to 01/03/2014), documented that the injured worker had continued functional improvement and continued to have cognitive, and physical deficits. Additional treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN ADDITIONAL DAYS OF FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Guideliens, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html. Non-MTUS Citation: Official Disability Guidelines, Treatment in Workers Compensation 2013, web-based edition, and National Guidelines Clearinghouse, Chronic, Non-Malignant Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic pain programs (functional restoration programs).

Decision rationale: The MTUS Chronic Pain Guidelines do not support duration of treatment to exceed twenty (20) full days or 160 hours in the absence of specific individualized care plans and justification of why extended treatment is needed to address deficits. The clinical documentation does indicate that the injured worker has deficits that would benefit from continued treatment. However, there is no specific justification of why those deficits could not be met within the recommended time parameters of twenty (20) full days or 160 hours. Additionally, individualized care plans were not provided. As such, the requested ten (10) additional days of functional restoration program is not medically necessary or appropriate.