

Case Number:	CM14-0001091		
Date Assigned:	06/11/2014	Date of Injury:	02/27/2012
Decision Date:	07/18/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 & Rehabilitation 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 43-year-old male who reported an injury on 02/27/2012. The worker was injured when plywood fell and hit his cervicobrachial region. His diagnoses were noted as neck pain, cervicobrachial syndrome, clavical fracture, and brachial plexus lesion. The injured worker's previous treatments were noted to be work restrictions, massage, home exercise program and physical therapy. It was noted he attended 30 visits of physical therapy from 01/24/2013 to 06/06/2013. A clinical evaluation on 12/03/2013 noted the injured worker reported chronic right cervicobrachial pain. The injured worker was prescribed Anaprox, Protonix, and Voltaren gel. The treatment plan is for the injured worker to participate in a full functional restoration program. The request for authorization form for medical treatment is not provided within the documentation. The only rationale provided for this request was the addition of the functional restoration program under the treatment plan of the exam dated 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 30-32.

Decision rationale: The request for 1 functional restoration program is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate interdisciplinary pain programs to involve a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. The most intensive of these programs is referred to as a functional restoration program, with a major emphasis on maximizing function versus minimizing pain. The evaluation on 12/03/2013 does not provide an adequate pain assessment or physical evaluation with functional deficits. The documentation noted that the injured worker was ambulating quite well with the use of Voltaren gel helping with pain. The injured worker is using naproxen for more severe pain on occasion. Due to lack of an adequate assessment of pain, a lack of assessment of functional deficits, and a lack of criteria for a functional restoration program the injured worker does not meet the criteria under the guidelines. Therefore, the request for one functional restoration program is non-certified.