

Case Number:	CM14-0002258		
Date Assigned:	02/03/2014	Date of Injury:	12/10/2008
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Pain Medicine, and is licensed to practice in New York, and 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 46 year-old male who sustained an injury to his right hip on 12/10/08 due to repetitive customary job duties as a warehouse worker. A clinical note date 11/28/12 reported that the injured worker is five months status-post right hip hemiarthroplasty and that he should return to work as of 1/2/13, but he was unable to return to full-duty and subsequently went out on disability. An agreed medical examination dated 5/2/13 reported that the injured worker has been able to return to his usual and customary job duties as a warehouse worker for [REDACTED] and the injured worker is not entitled to a customary job.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR WEEKS (20 VISITS) OF A FUNCTIONAL RESTORATION PROGRAM FOR THE RIGHT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: The previous request for a functional restoration program was denied on the basis that 20 visits is too long without allowance for interim follow-up for verification of efficacy of treatment and compliance. The injured worker had already completed two weeks of prior functional restoration program with some improvement, but there was no documentation of specific functional goals. The California MTUS states that treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Given the clinical documentation submitted for review, medical necessity of the request for functional restoration program has not been established.