

Case Number:	CM14-0008295		
Date Assigned:	02/12/2014	Date of Injury:	01/30/2008
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 48 year old female whose date of injury is 01/30/2008. On this date the injured worker slipped and fell. Treatment to date includes lumbar surgery x 3, right shoulder arthroscopy. Qualified medical evaluation dated 09/17/13 indicates that she has never been able to return to work. Diagnoses are right shoulder rotator cuff tear, limited range of motion of the right shoulder, L5-S1 disc herniation, fusion of L5-S1 with motion loss, and left leg radiculopathy. The injured worker reached maximum medical improvement as of this date. Progress report dated 12/03/13 indicates that the injured worker was recommended for functional restoration program. Request for authorization dated 12/16/13 indicates that the injured worker was diagnosed with major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAMS (FRPS),

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

Decision rationale: CA MTUS guidelines generally do not recommend functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The request is nonspecific and does not indicate the frequency and duration of requested treatment. The injured worker has not worked since 2008. Based on the clinical information provided, the request for a functional restoration program is not recommended as medically necessary.