

Case Number:	CM14-0121341		
Date Assigned:	08/06/2014	Date of Injury:	04/27/2011
Decision Date:	10/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Nevada. 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 records, presented for review, indicate that this 33 year old female was reportedly injured on 4/27/2011. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 7/21/2014, indicated that there were ongoing complaints of chronic neck and upper extremity pains. The physical examination demonstrated cervical spine had limited range of motion, mild tenderness to palpation at the acromioclavicular (AC) joint and range of motion of the shoulders (right/left) with forward flexion 100/90, extension 25 bilaterally, abduction 120/90, external rotation 70/60, and internal rotation, muscle strength of the bilateral upper extremities was 5/5 and reflexes were 2+ and symmetrical bilaterally, limited range of motion of the lumbar spine was due to pain and excessive weight. Diagnostic imaging studies included an electromyography and nerve conduction velocity studies (EMG/NCS) of the upper extremities, dated 5/30/2014, which was mentioned, but results were unavailable for review. Previous treatment included injections, medications, physical therapy and conservative treatment. A request was made for functional restoration program quantity 160 hours and was not certified in the preauthorization process on 7/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (hours) qty 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 7-9, 29-34, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009): Chronic Pain Programs Page(s): 3.

Decision rationale: Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted and are required to meet selection criteria per Medical Treatment Utilization Schedule (MTUS) guidelines. After review of the available medical records, the claimant does not meet required criteria as there is no plan to accomplish goals set in the initial functional restoration program to include, to return to work, lose weight, perform household chores such as cooking and cleaning, care of a child, and lose weight. As such, this request is not considered medically necessary.