

Case Number:	CM14-0151730		
Date Assigned:	09/19/2014	Date of Injury:	09/08/2004
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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:

Medical records reflect the claimant is a 56 year old female who sustained a work injury on 9-8-04. Office visit on 8-19-14 notes the claimant is attending a Functional Restoration Program (FRP). On exam, the claimant has bilateral wrist tenderness to palpation, good strength. Office visit on 8-27-14 notes the claimant is attending FRP. She has cut down her medications from initial Tylenol #3 four tabs a day now down to 2 tabs a day. The claimant reports the FRP has been of great help. The claimant is to continue decreasing her narcotic. The claimant is practicing in Tai Chi and Yoga to overall help and manages her chronic pain condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: MTUS notes that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The claimant has decrease the use of her medications by 50%, but no other significant improvement

noted. Worksheets note the claimant has improved 8-10% in body mechanism, posture, gait, strength, flexibility. Therefore, the medical necessity of this request is not established.