

Case Number:	CM14-0162978		
Date Assigned:	10/08/2014	Date of Injury:	04/07/2014
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 53 year old male who sustained a work injury on 12-20-13. The claimant sustained a complex left tibial plateau fracture. The claimant underwent ORIF. Office visit on 7-25-14 notes the claimant is neurologically intact. He has full range of motion. He was still dependent on a walker and using bilateral ankle/foot orthotics. The claimant is to continue with physical therapy, home care, weight bearing as tolerated. There was a recommendation for psychiatric evaluation for post-traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary Evaluation for Functional Restoration Program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 503-524

Decision rationale: ACOEM notes that a Consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an

advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. However, there is an absence in documentation noting that this claimant has completed all of his conservative care. There is even mention of the possibility of psychological treatment. Based on the records provided, at this juncture, there is no indication for Interdisciplinary evaluation for functional restoration program particularly if he has not completed all conservative treatment. Therefore, the medical necessity of this request is not established. The request for Interdisciplinary Evaluation for Functional Restoration Program is not medically necessary.