

Case Number:	CM14-0168291		
Date Assigned:	10/15/2014	Date of Injury:	07/26/2013
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a female with date of injury 7/26/2013. Per functional restoration program integrative summary report, transition, dated 9/11/2014, the injured worker participated in medical lectures that discussed how others perceive her pain and how that influences her pain experience as well as talked about how the skills she is learning in the program can help her control her pain. She participated actively in pain skills groups where she was able to develop a conceptual framework from enhancing self-esteem and self-efficacy and to explore strategies to nurture social relationships with loved ones. She performed well on the gym floor this week. She continues to tolerate the exercises well and is far less somatically focused than in weeks prior. She continued to demonstrate progress including increasing her lifting/carrying and meeting her walking goal. She is pleased with her progress in the program and feels her knee is stronger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary reassessment, one visit for four hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7-Independent Medical Examinations and Consultations

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

Decision rationale: The injured worker has completed a functional restoration program, and is now being transitioned to her primary treating physician for continued care. The MTUS Guidelines recommend the use of multidisciplinary pain programs for patients with conditions that put them at risk of delayed recovery. Multidisciplinary pain programs should be used with patients that are motivated to improve and return to work, and this is not indicated by the clinical documents provided. The injured worker has completed a functional restoration program, and is now being transitioned to her primary treating physician for continued care. The medical necessity for additional follow up evaluation has not been established. The request for Interdisciplinary reassessment, one visit for four hours is determined to not be medically necessary.