

Case Number:	CM14-0180475		
Date Assigned:	11/05/2014	Date of Injury:	03/17/2010
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 3/17/10. A utilization review determination dated 10/6/14 recommends non-certification of 8 Functional Restoration Program (FRP) aftercare sessions. 9/23/14 medical report identifies that the patient is benefitting from the FRP. On exam, there is right shoulder and elbow tenderness. The provider recommended continuing the FRP and also the aftercare program: "We told the patient to consolidate his learning techniques to better cope and adjust with his chronic pain conditions. Sometimes the patient has rebound of recurrence of pain condition. By attending post FRP, the patient will learn various techniques to better cope, adjust, and adapt with chronic pain condition."

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Functional Restoration Program aftercare sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs)

Decision rationale: Regarding the request for aftercare, California MTUS does not address the issue. ODG notes that suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. Within the documentation available for review, the patient is noted to have improved from the functional restoration program. The goals for the aftercare are nonspecific and noted to be learning "techniques to better cope, adjust, and adapt with chronic pain condition," but it is expected that these would be taught during the functional restoration program. There is no indication why the patient's home care program would not be sufficient to maintain the gains provided and continue with functional improvement utilizing the techniques already learned. In the absence of clarity regarding the above issues, the currently requested aftercare is not medically necessary.